NEW JERSEY ADMINISTRATIVE CODE
TITLE 8. DEPARTMENT OF HEALTH AND SENIOR SERVICES
CHAPTER 57. COMMUNICABLE DISEASES

SUBCHAPTER 1. REPORTABLE COMMUNICABLE DISEASES

8:57-1.1 Purpose and scope

(a) The purpose of this subchapter is to expedite the reporting of certain diseases or outbreaks of disease so that appropriate action can be taken to protect the public health. The latest edition of the American Public Health Association's publication, "Control of Communicable Diseases Manual," should be used as a reference, providing guidelines for the characteristics and control of communicable diseases, unless other guidelines are issued by the Department.

(b) For purposes of research, surveillance, and/or in response to technological developments in disease detection or control, the Commissioner, or his or her designee, is empowered to amend the diseases specified in this subchapter for such periods of time as may be necessary to control disease, in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq.

8:57-1.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Bioterrorism" means premeditated use of biological agents (bacteria, viruses, etc.) to cause death or disease in humans, animals or crops.

"Child care center" means any home or facility required to be licensed by the Department of Human Services which is maintained for the care, development, or supervision of six or more children under six years of age who attend for less than 24 hours a day.

"Commissioner" means the New Jersey Commissioner of Health and Senior Services.

"Communicable disease" means an illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

"Department" means the New Jersey Department of Health and Senior Services.

"Electronic reporting" means submission of disease/test reports on diskette, as an e-mail attachment, as an FTP (File Transfer Protocol) file, using a mailbox via an Intranet, or using

other technologies. Encryption is a prerequisite for electronic reporting, to protect the confidentiality of the data.

"Ethnicity" means cultural background, as in Hispanic or Latino.

"Health officer" means a holder of a license as health officer issued by the New Jersey Department of Health and Senior Services, pursuant to N.J.S.A. 26:1A-38 et seq., who is employed by a local board of health to function during all working hours of the regularly scheduled work week of the governmental unit to which the local health agency is attached and not regularly employed during the working hours of that scheduled work week in other activities for which he or she receives remuneration.

"Health care provider" means a person who is directly involved in the provision of health care services, such as the clinical diagnosis and prescribing of medications, and when required by State law, the individual has received professional training in the provision of such services and is licensed or certified for such provision. This includes physicians, physician assistants, and nurse practitioners.

"Hospital or other health care institution" means an institution, whether operated for profit or not, which maintains and operates facilities for the diagnosis, treatment, or care of two or more non-related individuals suffering from illness, injury or deformity and where emergency, outpatient, surgical, obstetrical, convalescent, or other medical and nursing care is rendered for periods exceeding 24 hours.

"Invasive disease" means an infection that has invaded body tissues and the causative bacterium has been isolated from blood, cerebrospinal fluid, pleural fluid or other normally sterile site.

"Local health department" means the board of health of a region or municipality or the boards, bodies, or officers in such region or municipality lawfully exercising any of the powers of a local board of health under the laws governing such region or municipality.

"N.J.A.C." means the New Jersey Administrative Code.

"N.J.S.A." means the New Jersey Statutes Annotated.

"Nosocomial infection" means an infection occurring in a patient in a hospital or other health care facility and in whom it was not present or incubating at the time of admission, or the residual of an infection acquired during a previous admission. This term includes infections acquired in the hospital but appearing after discharge, and also such infections among the staff of the facility.

"Outbreak" means any unusual occurrence of disease or any disease above background or endemic levels. Endemic level refers to the usual prevalence of a given disease within a geographic area. "Suspected outbreak" means an outbreak which appears to meet the definition of an outbreak, but has not yet been confirmed.

"School" means any building, structure, or part thereof used for purposes of the education of children between grades kindergarten through 12 whether publicly or privately owned.

"Sexually transmitted disease" means syphilis, gonorrhea, chancroid, lymphogranuloma venereum, granuloma inguinale and chlamydial genital infections.

8:57-1.3 Reportable diseases

(a) Cases due to the following diseases and/or infectious agents shall be reported. Diseases in List 1 shall include confirmed and suspect cases and shall be reported immediately by telephone. Diseases in List 2 shall include confirmed cases and shall be reported within 24 hours of diagnosis.

1. List of immediately reportable diseases

Anthrax (Bacillus anthracis);

Botulism (Clostridium botulinum);

Brucellosis (Brucella spp.);

Diphtheria (Corynebacterium diphtheriae);

Haemophilus influenzae, invasive disease;

Hantavirus infection;

Hepatitis A in institutional settings;

Measles (Rubeola virus);

Meningococcal invasive disease (Neisseria meningitidis);

Pertussis whooping cough, (Bordetella pertussis);

Plague (Yersinia pestis);

Rubella;

Poliomyelitis;

Rabies (human illness);

Smallpox;

Tularemia (Francisella tularensis);

Viral hemorrhagic fevers, including, but not limited to, Ebola, Lassa, and Marburg viruses;

Foodborne intoxications, including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning;

Any outbreak or suspected outbreak, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism;

2. List of diseases reportable within 24 hours of diagnosis

Amoebiasis (Entamoeba histolytica);

Animal bites treated for rabies;

Arboviral diseases;

Babesiosis (Babesia spp.);

Campylobacteriosis (Campylobacter spp.);

Chancroid (Haemophilus ducreyi);

Chlamydial infections, sexually transmitted (Chlamydia trachomatis);

Chlamydial conjunctivitis, neonatal (Chlamydia trachomatis);

Cholera (Vibrio cholerae);

Creutzfeld-Jakob disease;

Cryptosporidiosis (Cryptosporidium spp.);

Cyclosporiasis (Cyclospora spp.);

Dengue fever;

Diarrheal disease, either in a child who attends a day care center or in a foodhandler;

Ehrlichiosis (Ehrlichia spp.);

Enterohemorrhagic Escherichia coli;

Giardiasis (Giardia lamblia);

Gonorrhea (Neisseria gonorrhoeae);

Granuloma inguinale (Calymmatobacterium granulomatis);

Guillain-Barre syndrome;

Hansen's disease (Mycobacterium leprae);

Hemolytic uremic syndrome;

Hepatitis A;

Hepatitis B, including Hepatitis B surface antigen test positive in a pregnant woman;

Hepatitis C;

Kawasaki disease (mucocutaneous lymph node syndrome);

Legionellosis (Legionella pneumophila);

Listeriosis (Listeria monocytogenes);

Lyme disease (Borrelia burgdorferi);

Lymphogranuloma venereum (Chlamydia trachomatis);

Malaria (Plasmodium spp.);

Mumps;

Psittacosis (Chlamydia psittaci);

Q fever (Coxiella burnetti);

Rocky Mountain Spotted Fever (Rickettsia rickettsii);

Rubella, congenital;

Salmonellosis (Salmonella spp.);

Shigellosis (Shigella spp.);

Streptococcal disease, invasive group A,
(Streptococcus pyogenes group A);

Streptococcal disease, invasive group B, neonatal;

Streptococcus pneumoniae, invasive disease;

Syphilis, primary, and secondary (Treponema pallidum);

Syphilis, congenital;

Tetanus (Clostridium tetani);

Toxic Shock syndrome;

Trichinosis (Trichinella spiralis);

Tuberculosis, confirmed or suspect (Mycobacterium tuberculosis);

Typhoid fever (Salmonella typhi);

Vibrio infections other than cholera (Vibrio spp.);

Viral encephalitis;

Yellow fever (Flavivirus);

Yersiniosis (Yersinia spp).

(b) Reporting of Acquired Immunodeficiency Syndrome (AIDS) and infection with Human Immunodeficiency Virus (HIV) shall be in the manner described in N.J.A.C. 8:57-2.

8:57-1.4 Persons and institutions required to report reportable diseases

(a) The following individuals and institutions are required to report any person who is ill or infected with any disease listed in N.J.A.C. 8:57-1.3 and shall make a report as set forth in N.J.A.C. 8:57-1.5:

1. Physician;

2. Advanced practice nurse;

3. Physician's assistant; or

4. A person having control or supervision over a hospital or other health care institution, correctional facility, school, summer camp, child care center, preschool, or institution of higher education.

(b) Duplicate reporting of the same case by health care providers in the same institution is not necessary.

(c) A physician, advanced practice nurse, physician's assistant, or a person having control or supervision over a hospital or other health care institution, correctional facility, school, summer camp, child care center, preschool, or institution of higher education who fails to report pursuant to the provisions of N.J.A.C. 8:57-1.3 and 1.5 may receive written notification of this failure and a warning. Responsible parties who, despite warning, continue to fail to comply with these reporting requirements, shall be subject to a fine, pursuant to the provisions of N.J.S.A. 26:4-129. If failure to report is determined by the Department to have significantly hindered public health control measures, the responsible parties shall be subject to other actions, including, but not limited to, notification of the violation to relevant licensing review organizations.

8:57-1.5 Content of report

(a) Any individual with a disease listed in N.J.A.C. 8:57-1.3 shall be reported as set forth in (c) and (d) below to the health officer of the jurisdiction where the individual lives, or if unknown, wherein the diagnosis is made, except that individuals with hepatitis C, sexually transmitted diseases and tuberculosis and all individuals in State institutions shall be reported directly to the Department. If the health officer is unavailable, the report shall be made to the Department by telephone (609-588-7500, during business hours; 609-392-2020, after business hours, on weekends and holidays).

(b) Any outbreak or suspected outbreak listed in N.J.A.C. 8:57-1.3 shall be reported as set forth in (e) and (f) below to the health officer of the jurisdiction where the outbreak occurred. If the health officer is unavailable, the report shall be made to the Department by telephone (609-588-7500, during business hours; 609-392-2020, after business hours, on weekends and holidays).

(c) Individuals with diseases in N.J.A.C. 8:57-1.3(a)1 shall be reported immediately by telephone. All individuals with diseases in N.J.A.C. 8:57- 1.3(a), including those reported immediately by telephone, shall be reported in writing or as an electronic report within 24 hours of diagnosis.

(d) The disease report shall include:

1. The name of the disease;

2. The name, age, date of birth, gender, race, ethnicity, home address and telephone number of the person who is ill or infected with such disease;

3. The date of onset of illness;

4. The name, address, institution, and telephone number of the reporting official; and

5. Such other information as may be required by the Department concerning a specific disease.

(e) All outbreaks shall be reported immediately by telephone.

(f) Outbreak reports shall include:

1. The name, municipality and telephone number of the institution or school where the outbreak occurred;

2. The name of the disease or suspected disease;

3. The number ill;

4. The dates of onset;

5. A description of symptoms;

6. Pertinent medical history and available diagnostic confirmation; and

7. Such other information as may be requested by the health officer or the Department concerning a specific disease.

(g) The person having control or supervision of an institution may delegate these reporting activities to a member of the staff, but this delegation does not relieve that person of the ultimate reporting responsibility.

8:57-1.6 Reporting of positive laboratory results denoting diseases

(a) Any positive culture, test, or assay result specific for one of the following organisms shall be reported by a laboratory director to the local health department, except that positive results for hepatitis C, tuberculosis and sexually transmitted diseases shall be reported directly to the Department:

1. Acid fast bacilli;

2. Antibiotic-resistant organisms (hospital-based laboratories only);

3. *Arboviruses;

4. Babesia spp.;

5. *Bacillus anthracis;

6. *Bordetella pertussis;

7. Borrelia burgdorferi;

8. *Brucella spp.;

9. Campylobacter spp.;

10. Chlamydia psittaci;

11. Chlamydia trachomatis;

12. *Clostridium botulinum;

13. Clostridium tetani;

14. *Corynebacterium diphtheriae;

15. Coxiella burnetti;

16. Cryptosporidium spp.;

17. Cyclospora spp;

18. *Ebola virus;

19. Entamoeba histolytica;

20. Ehrlichia spp.;

21. Escherichia coli 0157: H7 and other hemorrhagic strains;

22. *Foodborne intoxications, including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning;

23. *Francisella tularensis;

24. Giardia lamblia;

25. *Hantavirus;

26. Haemophilus ducreyi;

27. Haemophilus influenzae isolated from cerebrospinal fluid, blood, or any other normally sterile body site;

28. Hepatitis A;

29. Hepatitis B;

30. Hepatitis C;

31. *Lassa virus;

32. Legionella pneumophila;

33. Listeria monocytogenes;

34. *Marburg virus;

35. Mumps virus;

36. Mycobacterium, atypical;

37. Mycobacterium leprae;

38. Mycobacterium tuberculosis;

39. Neisseria gonorrhoeae;

40. Neisseria meningitidis isolated from cerebrospinal fluid, blood, or any other normally sterile site;

41. Plasmodium spp.;

42. Polio virus;

43. *Rabies virus;

44. Rickettsia rickettsii;

45. *Rubella virus;

46. Rubeola virus;

47. Salmonella spp.;

48. Shigella spp.;

49. Streptococcus pneumoniae isolated from cerebrospinal fluid, blood, or any other normally sterile site;

50. Streptococcus pyogenes, Group A, isolated from cerebrospinal fluid, blood, or other normally sterile site;

51. Streptococcus agalactiae, Group B, perinatal;

52. Treponema pallidum ;

53. Trichinella spiralis;

54. Vibrio spp.;

55. Yersinia spp;

56. *Yersinia pestis; and

57. Antibiotic sensitivity for M. tuberculosis.

(b) A laboratory director shall report positive cultures or positive laboratory test results for the microorganisms listed in (a) above within 72 hours after obtaining a positive result, except that positive cultures or positive laboratory test results for the microorganisms noted by an asterisk (*) shall be reported immediately by telephone. All reports shall be submitted to the health officer having jurisdiction over the locality in which the patient lives, or, if unknown, to the health officer in whose jurisdiction the health care provider requesting the laboratory examination is located, except that reports of organisms for hepatitis C, tuberculosis and sexually transmitted diseases and all reports where the patient is a resident of a State institution shall be submitted directly to the Department. If the health officer is unavailable, the report shall be made to the Department by telephone (609-588-7500, during business hours; 609-392-2020, after business hours, on weekends and holidays).

(c) The report shall contain, at a minimum, the reporting laboratory's name, address, and telephone number; the name, age, date of birth, gender, race, ethnicity, home address and telephone number of the person tested; the test performed; the date of testing; the test results; and the health care provider's name and address.

(d) A laboratory director may delegate reporting and specimen submission activities, as delineated in (f) below, to a staff member, but this delegation does not relieve a laboratory director of the ultimate reporting responsibility.

(e) A laboratory director who fails to fulfill the reporting requirements and the specimen submission requirements of this section may receive written notification of this failure and a warning to comply. A laboratory director who, despite warning, continues to fail to comply with these reporting requirements, shall be subject to a fine pursuant to the provisions of N.J.S.A. 26:4-129. A laboratory director whose failure to report is determined by the Department to have significantly hindered public health control measures shall be subject to other actions, including, but not limited to, reporting such failure to the Department's Clinical Laboratory Improvement Services.

(f) A laboratory director shall submit within three days, to the New Jersey Department of Health and Senior Services, Division of Public Health and Environmental Laboratories, John

Fitch Plaza, Market and Warren Streets, Trenton, NJ 08625-0361, for further testing, all microbiologic cultures obtained from human or food specimens of the following organisms:

1. Escherichia coli 0157:H7;

2. Haemophilus influenzae isolated from cerebrospinal fluid or blood;

3. Legionella pneumophila;

4. Listeria monocytogenes;

5. Neisseria meningitidis;

6. Salmonella spp.;

7. Shigella spp.;

8. Streptococcus pyogenes isolated from cerebrospinal fluid, blood, or other normally sterile site;

9. Penicillin-resistant Streptococcus pneumoniae isolated from cerebrospinal fluid, blood, or other normally sterile site;

10. Vancomycin-resistant Enterococcus spp. isolated from cerebrospinal fluid, blood, or other normally sterile site;

11. Glycopeptide resistant Staphylococcus spp. and Streptococcus spp. isolated from any body site; and

12. Multiple antibiotic resistant bacteria (upon request).

(g) A hospital laboratory director shall, within 31 calendar days of the end of each month, submit data regarding specific microorganisms occurring during that month within the hospital to the Department, utilizing the Department's Epidemiology Surveillance Form.

8:57-1.7 Reporting of diseases by health officers

(a) A health officer who is notified of the existence of any disease outbreak, or of any single case of a disease listed in N.J.A.C. 8:57-1.3(a)1, shall immediately notify the Department by telephone (609-588-7500, during business hours; 609-392-2020, after business hours, on weekends and holidays).

(b) A health officer who is notified of the existence of diseases pursuant to the provisions of N.J.A.C. 8:57-1.3 and 1.6 shall, within 24 hours of receipt of the report, forward a written or electronic copy thereof to the Department. If the initial report is incomplete, a health officer

shall seek complete information and shall provide all available information to the Department within five working days of receiving the initial report.

(c) A health officer who is notified of any outbreak of disease, or of any single case of a disease listed in N.J.A.C. 8:57-1.3 and 1.6, which is not within that health officer's jurisdiction shall immediately notify the health officer where the disease was believed to have been contracted and the health officer of the local health agency wherein the home address of the ill or affected person is located, as the case may be. If either of the said health agencies are not located in New Jersey, the health officer shall forward this information to the Department by telephone (609-588-7500, during business hours; 609-392-2020, after business hours, on weekends, and holidays).

(d) A health officer may delegate reporting activities to a staff member, but this delegation shall not relieve the health officer of the ultimate reporting responsibility.

(e) A health officer who fails to report pursuant to the provisions of this section shall receive written notification of this failure and a warning. A health officer who, despite warning, fails to comply with these reporting requirements, shall be subject to a fine pursuant to the provisions of N.J.S.A. 26:4-129. A health officer whose failure to report is determined by the Department to have significantly hindered public health control measures shall be subject to other actions, including notification to the Department's Public Health Licensing and Examination Board and the Public Health Council.

8:57-1.8 Health officer investigations

(a) A health officer shall, upon receiving a report of an outbreak or suspected outbreak of any communicable disease, or of a case or suspected case of any communicable disease, investigate the facts contained in the report. A health officer shall follow such direction regarding the investigation as may be given by the Department.

(b) The health officer performing investigation set forth in (a) above shall, at a minimum:

1. Determine whether a single case or an outbreak of a reportable disease exists;

2. Ascertain the source and spread of the infection; and

3. Determine and implement appropriate control measures.

(c) Upon determining that a single case of an immediately reportable disease or an outbreak of a reportable disease exists, the health officer shall immediately relay all available information pertaining to the investigation to the Department by telephone (609-588-7500, during business hours; 609-392-2020, after business hours, on weekends, and holidays). Reports of investigations of other reportable diseases may be submitted electronically or in writing.

(d) The Department may require more than one health officer to participate in the investigation. The health officers may include those having jurisdiction over:

1. The location of suspected transmission of disease;

2. Areas of residence or occupation of person(s) believed to be ill or infected;

3. Sites of institutions where such persons may be located or receive care; and

4. Other jurisdictions which are determined to be appropriate and necessary by the Department.

(e) The health officer shall submit a summary report to the Department within 30 days of the completion of each outbreak investigation, and to all physicians who reported cases of illness connected with that outbreak. The report shall include, but not be limited to, a summary of findings, actions taken to control disease, and recommendations to affected parties.

8:57-1.9 Isolation and restriction for communicable disease

(a) A health officer or the Department, upon receiving a report of a communicable disease, shall, by written order, establish such isolation or other restrictive measures required by statute or rule to prevent or control disease. If, in the judgment of the health officer or the Department, it is necessary to provide adequate isolation, a health officer or the Department shall promptly remove, or cause to be removed, a person who is ill with a communicable disease to a hospital. Such order shall remain in force until terminated by the health officer or the Department.

(b) A health officer or the Department may restrict access of the individuals permitted to come in contact with or visit a person who is hospitalized or isolated under authority of this section.

(c) The Department or health officer, if authorized by local ordinance or by the Department, may, by written order, restrict any person who has been exposed to a communicable disease, under conditions he or she may specify; providing such period of restriction shall not exceed the period of incubation of the disease.

(d) A person who is responsible for the care, custody, or control of a person who is ill or infected with a communicable disease shall take all measures necessary to prevent transmission of the disease to other persons.

8:57-1.10 Medical examination and specimen submission

(a) The Department or a health officer may order a person who is suspected of being ill or infected with a reportable or communicable disease, or who has been exposed to a reportable or communicable disease, to submit to physical examination, X-ray studies, laboratory studies, and such other diagnostic procedures as deemed necessary to determine whether or not such person is communicable to others or is a carrier of disease.

(b) Any person who is ordered to submit to examination and/or to submit specimens under (a) above shall comply with the order.

(c) Specimens obtained under the authority of this chapter and under provisions of this rule shall be submitted to a laboratory which is approved by the Department for examination of such specimens.

8:57-1.11 Foodhandlers ill or infected with communicable diseases

(a) A person who is ill or infected with a communicable disease which may be transmitted through food may, based on the type of organism, job function of the person, and the virulence of the disease, be prohibited by a health officer or the Department from working in any occupation that manufactures, processes, stores, prepares, or serves food for public consumption. A person who resides in, boards at, lodges in, or visits a household where that person may come in contact with any person who is ill or infected with a communicable disease which may be transmitted through food may be prohibited by the health officer or the Department from working in any occupation that manufactures, processes, stores, prepares, or serves food for public consumption.

(b) A person who is employed in any establishment where food is manufactured, processed, stored, prepared, or served for public consumption may be required by a health officer or the Department, if a communicable disease is suspected, to submit to a physical examination and/or submit specimens of blood, bodily discharges, or other specimens for the purpose of ascertaining whether or not they are ill or infected with a communicable disease.

(c) A health officer or the Department may prohibit the sale or distribution of food which:

1. Has been prepared by a person who is ill or infected with a communicable disease which may be transmitted through food; or

2. Is considered to be a possible vehicle for spread of disease.

8:57-1.12 Confidentiality

(a) The reports made pursuant to this subchapter shall be used only by the local health department, the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress infectious diseases.

(b) Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease or infectious agent and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by a health officer or the Department.

(c) Medical or epidemiologic information collected pursuant to this subchapter may be disclosed in statistical or other form which does not disclose the identity of any individual.

SUBCHAPTER 2. REPORTING OF ACQUIRED IMMUNODEFICIENCY SYNDROME AND INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS

8:57-2.1 Applicability; definition of AIDS, HIV infection, perinatal HIV exposure, and CD4 count

(a) The provisions of this subchapter are applicable to cases of Acquired Immunodeficiency Syndrome (AIDS) and infection with human immunodeficiency virus (HIV). The provisions of N.J.A.C. 8:57-1 shall not apply to any case of AIDS or infection with HIV.

(b) Laboratory results indicative of infection with HIV shall mean laboratory results showing the presence of HIV or components of HIV, or laboratory results showing the presence of antibodies to HIV, or results from laboratory tests conducted to measure the quantitative presence of HIV RNA (viral load tests), such as quantitative PCR tests. The Commissioner, Department of Health and Senior Services shall determine the laboratory tests or test results which indicate infection with HIV for the purpose of these rules. Any such determination shall take effect automatically, without modifying the definition of laboratory results indicative of infection with HIV.

(c) Acquired immunodeficiency syndrome (AIDS) means a condition affecting a person who has a reliably diagnosed disease that meets the criteria for AIDS specified by the Centers for Disease Control of the United States Public Health Services.

(d) A CD4 count means a count of lymphocytes containing the CD4 epitope as determined by the results of lymphocyte phenotyping. An absolute CD4 count means the number of lymphocytes containing the CD4 epitope per cubic millimeter. A relative CD4 count means the number of such cells expressed as a percentage of total lymphocytes.

(e) A child who is perinatally exposed to HIV is a child born to a woman who is known to be HIV infected at the time of delivery, either through HIV testing prior to or during her pregnancy, or who has been diagnosed as HIV infected through other medical evidence. A child may also be determined to be perinatally exposed through testing at or following birth.

8:57-2.2 Reporting HIV Infection

(a) Every physician attending a person found to be infected with HIV, or ordering a test resulting in the diagnosis of HIV, shall, within 24 hours of receipt of a laboratory report indicating such a condition, or within 24 hours of making a diagnosis of HIV infection or AIDS, report in writing such condition directly to the Department of Health and Senior Services on forms supplied by the Department of Health and Senior Services. The report shall include the name and address of the reporting physician, the name, address, gender, race and birth date of the person found to be infected with HIV, the date the specimen tested for HIV was obtained, and such other information as may be required by the Department of Health and Senior Services. A physician shall not report a person infected with HIV if the physician is aware that the person having control or supervision of an institution named in (b) below is reporting that person as being infected with HIV, or if the physician is aware that the person has previously been reported

to the Department of Health and Senior Services as being infected with HIV. The Department of Health and Senior Services may also collect additional information on persons previously reported, for either audit or epidemiological purposes.

(b) The person having control or supervision over any institution such as a hospital, sanitarium, nursing home, penal institution, clinic, blood bank, insurance company or other entity requiring HIV testing as part of an underwriting process, or facility for HIV counseling and testing in which any person is determined to be infected with HIV shall, within 24 hours of receipt of laboratory report indicating such a condition, report in writing such condition directly to the Department on forms supplied by the Department. The report shall state the name, address, gender, race, and birth date of the person found to be infected with HIV, the date the specimen tested for HIV was obtained, the name of the attending physician, the name and address of the institution, and such other information as may be required by the Department. The person having control or supervision of the institution shall not report a person infected with HIV if it is known that a physician is reporting the person or that the person has previously been reported to the Department as being infected with HIV. The person having control or supervision of the institution may delegate this reporting activity to a member of the staff, but this delegation does not relieve the controlling or supervising person of the ultimate reporting responsibility. The Department may also collect additional information on persons previously reported, for either audit or epidemiological purposes.

(c) Every clinical laboratory shall, within five working days of completion of a quantitative PCR (viral load) test, regardless of test result, or any other laboratory test which has results indicative of infection with HIV, report in writing such results to the Department of Health and Senior Services. The report shall include the name and address of the clinical laboratory, the name and address of the submitter of the laboratory specimen, the date of the test, and the name, address, gender, and date of birth of the person from whom the laboratory specimen was obtained, or a unique code if a code is the only information identifying the person from whom the laboratory specimen was obtained, and other epidemiological information as may be required by the Department of Health and Senior Services on a general or a case-by-case basis. Only specimens sent to the laboratory from physicians' offices in New Jersey or from institutions in New Jersey should be reported.

8:57-2.3 Reporting children perinatally exposed to HIV

(a) Every physician attending a child known to be perinatally exposed to HIV, or ordering a test resulting in the diagnosis of perinatally exposed to HIV, shall, within 24 hours of receipt of a laboratory report indicating such a condition report in writing such condition directly to the Department of Health and Senior Services on forms supplied by the Department of Health and Senior Services. The report shall include the information as in N.J.A.C. 8:57- 2.2(a), and such other information as may be required by the Department of Health and Senior Services. A physician shall not report the child perinatally exposed to HIV if the physician is aware that the person having control or supervision of an institution named in (b) below is reporting that child as being infected with HIV, or if the physician is aware that the child has previously been reported to the Department of Health and Senior Services as being perinatally exposed to HIV.

The Department of Health and Senior Services may also collect additional information on children previously reported, for either audit or epidemiological purposes.

(b) The person having control or supervision over any institution such as a hospital, sanitarium, nursing home, penal institution, clinic, blood bank, insurance company or facility for HIV counseling and testing in which a child is determined to be perinatally exposed to HIV shall, within 24 hours of receipt of a laboratory report or other medical evidence indicating such a condition, report in writing such condition directly to the Department of Health and Senior Services on forms supplied by the Department of Health and Senior Services. The report shall include the information as in N.J.A.C. 8:57-2.2(a), and such other information as may be required by the Department of Health and Senior Services. The person having control or supervision of the institution shall not report a child perinatally exposed to HIV if it is known that a physician is reporting the child or that the child has previously been reported to the Department of Health and Senior Services as being perinatally exposed to HIV. The person having control or supervision of the institution may delegate this reporting activity to a member of the staff, but this delegation does not relieve the controlling or supervising person of the ultimate reporting responsibility. The Department of Health and Senior Services may also collect additional information on children previously reported, for either audit or epidemiological purposes.

8:57-2.4 Reporting AIDS

(a) Every physician attending any person ill with AIDS shall, within 24 hours of the time AIDS is diagnosed, report in writing such condition directly to the Department of Health and Senior Services on forms supplied by the Department of Health and Senior Services. The report shall include the name and address of the reporting physician, the name, address, gender, race, and birth date of the person ill with AIDS, the date of onset of the illness meeting the criteria for the diagnosis of AIDS, and such other information as may be required by the Department of Health and Senior Services. Such report should be made whether or not the patient previously had been reported as having HIV infection. The report of AIDS will be deemed to also be a report of HIV infection. The Department of Health and Senior Services may also collect additional information on persons previously reported, for either audit or epidemiological purposes.

(b) The person having control or supervision over any institution, such as a hospital, sanitarium, nursing home, penal institution, or clinic, in which a person is ill with AIDS shall within 24 hours of the time AIDS is diagnosed, report such condition in writing directly to the Department of Health and Senior Services on forms provided by the Department of Health and Senior Services. The report shall state the name, address, gender, race and birth date of the person ill with AIDS, the date of onset of the illness meeting the criteria for the diagnosis of AlDS, the name of the attending physician, the name and address of the institution, and such other information as may be required by the Department of Health and Senior Services. Such report should be made whether or not the patient previously had been reported as having HIV infection. The report of AIDS will be deemed to also be a report of HIV infection. The person having control or supervision of the institution may delegate this reporting responsibility to a member of the staff, but this delegation does not relieve the controlling or supervising person of

the ultimate reporting responsibility. The Department of Health and Senior Services may also collect additional information on persons previously reported, for either audit or epidemiological purposes.

(c) Every clinical laboratory shall, within five working days of completion of a CD4 count which has absolute or relative results below a level specified by the Centers for Disease Control and Prevention as criteria for defining AIDS, report in writing or electronically such results to the Department of Health and Senior Services. The report shall include the name and address of the clinical laboratory, the name and address of the submitter of the laboratory specimen, the date of the test, and the name, address, gender, and date of birth of the person from whom the laboratory specimen was obtained, or a unique code if a code is the only information identifying the person from whom the laboratory specimen was obtained, and other epidemiological information as may be required by the Department of Health and Senior Services on a general or a case-by-case basis. Only specimens sent to the laboratory from physicians' offices in New Jersey or from institutions in New Jersey should be reported.

8:57-2.5 Testing procedures

No physician or institution may direct a person to be tested for HIV, a component of HIV, or antibodies to HIV, unless the name and address of the person whose specimen is being tested is known and recorded by the physician or institution, except that the Commissioner, Department of Health and Senior Services may designate facilities which are permitted to test for antibodies to HIV without obtaining the name and address of the person being tested. The name and address of a person requesting testing without giving his or her name and address at such a designated facility are not required to be reported to the Department of Health and Senior Services.

8:57-2.6 Exceptions to communicable disease classification of AIDS and HIV

(a) AIDS or HIV infection shall not be considered a communicable disease for purposes of admission to, attendance in, or transportation in any of the following:

1. Nursing homes and other health care facilities;

2. Rooming and boarding homes, and shelters for the homeless;

3. Ambulances and other public conveyances; and

4. Educational facilities.

8:57-2.7 Access to information

As provided by N.J.S.A. 26:4-2 and 26:5C-5 through 14, the information reported to the Department shall not be subject to public inspection, but shall be subject to access only by the Department of Health and Senior Services for public health purposes.

8:57-2.8 Failure to comply with reporting requirements

(a) Physicians failing to fulfill the reporting requirements of this subchapter may receive written notification of this failure. Physicians failing to meet these reporting requirements, despite warning, shall be subject to fines, as allowed by N.J.S.A. 26:4-129. In addition, those whose failure to report is determined by the Department of Health and Senior Services to have significantly hindered public health control measures shall be subject to other actions, including notification of the Board of Medical Examiners of the State Department of Law and Public Safety, and appropriate hospital medical directors or administrators.

(b) The person having control or supervision over any institution, who fails to fulfill the aforementioned reporting obligations, may receive written notification of this failure. Superintendents failing to meet these reporting requirements, despite warning, shall be subject to a fine, as allowed by N.J.S.A. 26:4-129. In addition, those whose failure to report is determined by the Department of Health and Senior Services to have significantly hindered public health control measures, shall be subject to other actions, including notification of the Department of Health and Senior Services, Division of Health Planning and Regulation, other appropriate licensing review organizations, and other appropriate agencies.

(c) Laboratory supervisors failing to fulfill the aforementioned reporting obligations may receive written notification of this failure. Supervisors failing to meet these requirements, despite warning, shall be subject to fines as allowed by N.J.S.A. 26:4-129. In addition, those whose failure to report is determined by the Department of Health and Senior Services to have significantly hindered public health control measures, shall be subject to other actions, including notification of the State Clinical Laboratory Improvement Services.

SUBCHAPTER 3. REPORTABLE OCCUPATIONAL AND ENVIRONMENTAL DISEASES, INJURIES AND POISONS

8:57-3.1 Reporting of occupational and environmental diseases, injuries and poisonings by hospitals

(a) The chief administrator or other persons having control or supervision over any hospital in which any person has been diagnosed with any of the diseases or poisonings listed in (b) and (c) below shall report such disease or poisoning to the Department. The routine mechanism for reporting shall be electronic hospital discharge data reported to the Department under N.J.S.A. A:26 2H-1 et seq. and N.J.A.C. 8:31B-2. At the discretion of the Department, the Department may require paper reporting of one or more of the listed reportable diagnoses within 30 days following written notification of hospitals. The disease or poisoning shall be considered diagnosed if it is listed as a primary or secondary diagnosis on the discharge summary.

(b) The following diseases are declared to be reportable to the parties specified in (a) above for purposes of this section. All diseases listed herein coded according to the 9th ICD revision are to be reported in the manner prescribed by (d) below:

1. Carpal tunnel syndrome, ICD code 354.0;

2. Extrinsic allergic alveolites, ICD code 495, 495.0, 495.1, 495.2, 495.3, 495.4, 495.5, 495.6, 495.7, 495.8, 495.9;

3. Coal workers pneumoconiosis, ICD code 500;

4. Asbestosis, ICD code 501;

5. Silicosis, ICD code 502;

6. Pneumoconiosis, other dust inorganic, ICD code 503;

7. Pneumonopathy due to organic dust, ICD code 504;

8. Pneumoconiosis, unspecified, ICD code 505; and

9. Bronchitis, Pneumonitis, inflammation both acute and chronic and acute pulmonary edema due to fumes and vapors, ICD codes 506.0, 506.1, 506.2, 506.3, 506.4, and 506.9.

(c) Poisoning due to the following and not the result of a suicidal attempt shall also be reported to the parties specified in (a) above in the manner prescribed by (d) below.

alcohol (excluding alcoholic beverages and alcoholism)	ICD 980; E860.1-.9
petroleum products	ICD 981; E862 (E862.0-.9)
solvents other than petroleum based	ICD 982 (982.0-.9); E862 (E862.0-.9)
corrosive aromatics and caustic alkalis	ICD 983 (983.0-.9); E864 (864.0-.4)
lead and its compounds	ICD 984; E866 (E866.0)
other metals	ICD 985 (985.0-.9); E866 (E866.1.4)
carbon monoxide	ICD 986; E867, E868 (E868.0-.9)
other gases, fumes, or vapors	ICD 987 (987.0-.9); E869 (E869.0-.9)
other substances	ICD 989 (989.0-.9) E861 (E861.0-.9), E863 (E863.0-.9) E866 (E866.0-.9)

(d) When requested by the Department in writing, the report required by (a) above shall state, on forms supplied by the Department, the name and current ICD code of the disease or poisoning and shall indicate whether this condition was a primary or secondary diagnosis. The following information on the person diagnosed with such disease or poisoning shall also be furnished: name, home address, telephone number, medical record number, date of birth, sex, race, name, address and telephone number of employer. The report shall also include the name of the attending physician, the reporting hospital, the date of discharge and such other information as may be required by the Department.

8:57-3.2 Reporting of occupational and environmental diseases, injuries, and poisonings by physicians and advanced practice nurses

(a) The physician attending any person who is ill or diagnosed with any of the diseases or injuries listed in (b) below shall, within 30 days after such condition has been diagnosed or treated, report such condition to the Department of Health and Senior Services.

(b) The following diseases and injuries are declared to be reportable to the Department of Health and Senior Services for purposes of this section. All conditions listed herein are to be reported in the manner prescribed by (c) below:

1. Asbestosis;

2. Silicosis;

3. Pneumoconiosis, other and unspecified;

4. Occupational asthma;

5. Extrinsic Allergic Alveolitis;

6. Lead toxicity, adult (defined as blood lead >= 25 micrograms per deciliter; urine lead >= 80 micrograms per liter);

7. Arsenic toxicity, adult (defined as blood arsenic >= .07 micrograms per milliliter; urine arsenic >= 100 micrograms per liter;

8. Mercury toxicity, adult (defined as blood mercury >= 2.8 micrograms per deciliter; urine mercury >= 20 micrograms per liter);

9. Cadmium toxicity, adult (defined as blood cadmium >= five micrograms per liter of whole blood; urine cadmium >= three micrograms per gram creatinine);

10. Pesticide toxicity;

11. Work-related injuries in children (under age 18);

12. Work-related fatal injuries;

13. Occupational dermatitis;

14. Carpal tunnel syndrome; and

15. Poisoning caused by known or suspected occupational exposure.

(c) The report required by (a) above shall state the name of the disease, injury, or poisoning and the name of the reporting physician or advanced practice nurse. The following information on the person ill or diagnosed with such condition shall also be furnished: name, date of birth, sex, home address, telephone number, name, address and telephone number of employer at the time of exposure or injury, and the date of onset of the disease, injury or poisoning. Additional information may be required by the Department after receipt of a specific report.

8:57-3.3 Confidentiality

(a) The reports made pursuant to this subchapter shall be used only by the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.

(b) Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.

(c) Medical or epidemiologic information collected pursuant to this subchapter may be disclosed in statistical or other form which does not disclose the identity of any individual.

SUBCHAPTER 4. IMMUNIZATION OF PUPILS IN SCHOOL

8:57-4.1 Applicability

This subchapter shall apply to all children attending any public or private school, child care center, nursery school, preschool or kindergarten in New Jersey.

8:57-4.2 Proof of immunization

A principal, director or other person in charge of a school, preschool, or child care facility shall not knowingly admit or retain any child whose parent or guardian has not submitted acceptable evidence of the child's immunization, according to the schedules specified in this subchapter. Exemptions to this requirement are identified at N.J.A.C. 8:57-4.3 and 4.4.

8:57-4.3 Medical exemptions

(a) A child shall not be required to have any specific immunization(s) which are medically contraindicated.

(b) A written statement submitted to the school, preschool, or child care center from a physician licensed to practice medicine or osteopathy or an advanced practice nurse (certified registered nurse practitioner or clinical nurse specialist) in any jurisdiction of the United States indicating that an immunization is medically contraindicated for a specific period of time, and

the reason(s) for the medical contraindication, based upon valid medical reasons as enumerated by the Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service or the American Academy of Pediatrics (AAP) guidelines, will exempt a pupil from the specific immunization requirement for the stated period of time.

1. The guidelines identified in (b) above are available as follows:

i. Advisory Committee on Immunization Practices, U.S. Public Health Service, Centers for Disease Control and Prevention, Atlanta, GA 30333;and

ii. American Academy of Pediatrics, Committee on Infectious Diseases, PO Box 927, Elk Grove, IL 60009-0927.

(c) The physician's or an advanced practice nurse's (certified registered nurse practitioner or clinical nurse specialist) statement shall be retained as part of the child's immunization record and shall be reviewed annually by the school, preschool, or child care facility. When the child's medical condition permits immunization, this exemption shall thereupon terminate and the child shall be required to obtain the immunization(s) from which he or she has been exempted.

(d) Those children with medical exemptions to receiving specific immunizations may be excluded from the school, preschool, or child care facility during a vaccine-preventable disease outbreak or threatened outbreak as determined by the Commissioner, Department of Health and Senior Services or his or her designee.

(e) As provided by N.J.S.A. 26:4-6, “Any body having control of a school may, on account of the prevalence of any communicable disease, or to prevent the spread of communicable diseases, prohibit the attendance of any teacher or pupil of any school under their control and specify the time during which the teacher or scholar shall remain away from school.” The Department of Health and Senior Services shall provide guidance to the school of the appropriateness of any such prohibition. All schools are required to comply with the provisions of N.J.A.C. 8:61-1.1 regarding attendance at school by pupils or adults infected by Human Immunodeficiency Virus (HIV).

8:57-4.4 Religious exemptions

(a) A child shall be exempted from mandatory immunization if the parent or guardian objects thereto in a written statement submitted to the school, preschool, or child care center, signed by the parent or guardian, explaining how the administration of immunizing agents conflicts with the pupil's exercise of bona fide religious tenets or practices. General philosophical or moral objection to immunization shall not be sufficient for an exemption on religious grounds.

(b) Religious affiliated schools or child care centers shall have the authority to withhold or grant a religious exemption from the required immunization for pupils entering or attending their institutions without challenge by any secular health authority.

(c) This statement will be kept by the school, preschool, or child care center as part of the child's immunization record.

(d) Those children with religious exemptions from receiving immunizing agents may be excluded from the school, preschool, or child care center during a vaccine-preventable disease outbreak or threatened outbreak as determined by the Commissioner, Department of Health and Senior Services or his or her designee.

(e) As provided by N.J.S.A. 26:4-6, "Any body having control of a school may, on account of the prevalence of any communicable disease, or to prevent the spread of communicable diseases, prohibit the attendance of any teacher or pupil of any school under their control and specify the time during which the teacher or scholar shall remain away from school." The Department of Health and Senior Services shall provide guidance to the school on the appropriateness of any such prohibition. All schools are required to comply with the provisions of N.J.A.C. 8:61-1.1 regarding attendance at school by pupils or adults infected by Human Immunodeficiency Virus (HIV).

(f) Those children enrolled in school, preschool, or child care centers before September 1, 1991, and who have previously been granted a religious exemption, shall not be required to reapply for a new religious exemption under N.J.A.C. 8:57-4.4(a).

8:57-4.5 Provisional admission

(a) A child may be admitted to a school, preschool, or child care center on a provisional basis if a physician, an advanced practice nurse (certified registered nurse practitioner or clinical nurse specialist) or health department can document that at least one dose of each required age-appropriate vaccine(s) or antigen(s) has been administered and that the pupil is in the process of receiving the remaining immunization(s).

(b) Provisional admission for children under age five shall be granted in compliance with the specific requirements set forth in N.J.A.C. 8:57-4.10 through 4.15 for a period of time consistent with the current Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service or the American Academy of Pediatrics (AAP) immunization schedule, but shall not exceed 17 months for completion of all immunization requirements.

(c) Provisional admission for children five years of age or older shall be granted in compliance with the specific requirements set forth in N.J.A.C. 8:57-4.10 through 4.14 and 4.16 for a period of time consistent with the current Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service or the American Academy of Pediatrics (AAP) immunization schedule, but shall not exceed one year for completion of all immunization requirements.

(d) Provisional status shall only be granted one time to children entering or transferring into schools, preschools, or child care centers in New Jersey. Information on this status shall be sent by the original school, preschool, or child care center to the new school, preschool, or child care center pursuant to N.J.A.C. 8:57-4.7(b).

(e) Those children transferring into a New Jersey school, preschool, or child care center from out-of-State or out-of-country may be allowed a 30-day grace period in order to obtain past immunization documentation before provisional status shall begin.

(f) The school, preschool, or child care center shall ensure that the required vaccine/antigens are being received on schedule. If at the end of the provisional admission period, the child has not completed the required immunizations, the administrative head of the school, preschool or child care center shall exclude the child from continued school attendance until appropriate documentation has been presented.

(g) Those children in provisional status may be temporarily excluded from the school, preschool, or child care center during a vaccine-preventable disease outbreak or threatened outbreak as determined by the Commissioner, Department of Health and Senior Services or his or her designee.

8:57-4.6 Documents accepted as evidence of immunization

(a) The following documents shall be accepted as evidence of a child's immunization history provided that the type of immunization and the date when each immunization was administered is listed:

1. An official school record from any school, pre-school, or child care center indicating compliance with the immunization requirements of this subchapter;

2. A record from any public health department indicating compliance with the immunization requirements of this subchapter;

3. A certificate signed by a physician licensed to practice medicine or osteopathy or an advanced practice nurse (certified registered nurse practitioner, or clinical nurse specialist) in any jurisdiction of the United States indicating compliance with the immunization requirements of this subchapter; or

4. The official record of immunization from the New Jersey Immunization Information System indicating compliance with the immunization requirements of this subchapter.

(b) All immunization records submitted by a parent or guardian in a language other than English shall be accompanied by a translation sufficient to determine compliance with the immunization requirements of this subchapter.

8:57-4.7 Records required

(a) Every school, preschool, or child care center shall maintain an official State of New Jersey School Immunization Record for every pupil. This record shall include the date of each immunization and shall be separated from the child's other medical records for purpose of immunization record audit.

(b) If a child withdraws, is promoted, or transfers to another school, preschool, or child care center, the immunization record, or a certified copy thereof, along with statements pertaining to religious or medical exemptions and laboratory evidence of immunity, shall be sent to the new school by the original school or shall be given to the parent or guardian upon request, within 24 hours of such a request.

(c) When a child graduates from secondary school, this record, or a certified copy thereof, shall be sent to an institution of higher education or may be given to the parent or guardian upon request.

(d) Each child's official New Jersey School Immunization Record, or a certified copy thereof, shall be retained by every secondary school for a minimum of four years after the pupil has left the school. Every elementary school, preschool, or child care center shall retain an immunization record, or a copy thereof, for a minimum of one year after the child has left the school.

(e) Any computer-generated document or list developed by a school, preschool, or child care center shall be considered a supplement to, and not a replacement of, the official New Jersey School Immunization Record.

8:57-4.8 Reports to be sent to Department of Health and Senior Services

(a) A report of the immunization status of the pupils in every school, preschool, or child care center shall be sent each year to the Department of Health and Senior Services by the principal, director, or other person in charge of the school, preschool, or child care center.

(b) The form for the annual immunization status report shall be provided by the Department of Health and Senior Services.

(c) This report shall be submitted by December 1 of the respective academic year after a review of all appropriate immunization records.

(d) A copy of this report shall be sent to the local board of health in whose jurisdiction the school, preschool, or child care center is located.

(e) Those schools, preschools, and child care centers not submitting the annual report by December 1 shall be considered delinquent. A delinquency involving schools, preschools, and child care centers may be referred to the New Jersey Department of Education or the New Jersey Department of Human Services, as appropriate based on the length of time delinquent, number of times delinquent, and efforts made toward compliance. The local health department will also be notified of the delinquency.

8:57-4.9 Records available for inspection

Each school, preschool, and child care center shall maintain records of their children's immunization status. Upon 24 hour notice, these records shall be made available for inspection

by authorized representatives of the Department of Health and Senior Services or the local board of health in whose jurisdiction the school or child care center is located.

8:57-4.10 Diphtheria and tetanus toxoids and pertussis vaccine

(a) Every child less than seven years of age shall have received a minimum of four doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), or any vaccine combination containing DTP, such as DTP/Hib or DTaP, one dose of which shall have been given on or after the child's fourth birthday.

(b) Those children enrolled in child care centers who are too young to meet this requirement, shall be in compliance with this section if they are appropriately immunized for their age as recommended by the Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service.

(c) Diphtheria, tetanus, and acellular pertussis vaccine (DTaP) for children under age seven is preferred and shall be accepted in lieu of DTP vaccine.

(d) Pediatric diphtheria-tetanus toxoid (DT) shall be accepted in lieu of DTP or DTaP for children under age seven if a physician's written medical contraindication to further pertussis vaccine has been presented as specified at N.J.A.C. 8:57-4.3.

(e) Children seven years of age and older who have not completed this requirement shall receive tetanus and diphtheria toxoids (adult Td) instead of DTP. Any appropriately spaced combination of three doses of DTP, DTaP, DT, or Td in a child over age seven shall be acceptable as adequate immunization for this vaccine series.

(f) The requirement to receive a school entry booster dose of DTP or DTaP after the child's fourth birthday shall not apply to children while enrolled in child care centers, preschool or pre-kindergarten classes or programs.

(g) Those children less than seven years of age who have received a total of five or more doses of DTP or DTaP shall have also satisfied the DTP requirement.

8:57-4.11 Poliovirus vaccine

(a) Every child less than seven years of age shall have received at least three doses of live, trivalent, oral poliovirus vaccine (OPV), or inactivated poliovirus vaccine (IPV) either separately or in combination, one dose of which shall have been given on or after the child's fourth birthday or, alternatively, any appropriately spaced combination of four doses.

(b) Those children enrolled in child care centers who are too young to meet this requirement, shall be considered to be in compliance with this section if they are appropriately immunized for their age as recommended by the Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service.

(c) Any person 18 years of age or older shall not be required to receive poliovirus vaccine.

(d) For children seven years of age and older, any appropriately spaced combination of three doses of OPV or IPV shall satisfy the poliovirus vaccine requirement.

(e) The requirement to receive a school entry dose of OPV or IPV after the child's fourth birthday shall not apply to children while enrolled in child care centers, preschool or pre-kindergarten classes or programs.

8:57-4.12 Measles virus vaccine

(a) Every child born on or after January 1, 1990 shall have received two doses of a live measles-containing vaccine, or any vaccine combination containing live measles vaccine, such as the preferred measles, mumps, rubella (MMR) vaccine, prior to school entrance for the first time into Kindergarten, Grade One, or a comparable age entry level special education program with an unassigned grade. The first dose shall have been administered on or after the child's first birthday, and the second dose shall have been administered no less than one month after the first dose.

(b) Every child born after January 1, 1990 attending or transferring into a New Jersey school from another state or country shall have received two doses of a live measles containing vaccine.

(c) Those children younger than 15 months of age who are enrolled in a preschool or child care center, shall be considered to be in compliance with this section until reaching the age of 15 months, which is the medically recommended age for receiving the first measles immunization.

(d) Children born before January 1, 1990 shall have received one dose of live measles vaccine or any measles-containing combination vaccine on or after their first birthday.

(e) Children born on or after January 1, 1990 and enrolling in school (Kindergarten or Grade One) for the first time after September 1, 1995, with no documented doses of measles vaccine, shall receive the second dose of measles or another measles-containing combination vaccine, no sooner than one month and no later than two months after receiving the first dose.

(f) Children who present documented laboratory evidence of measles immunity shall not be required to receive measles vaccine.

(g) Those children enrolled in school, preschool, or child care centers before September 1, 1991 who have a current immunization record with physician diagnosed and documented measles disease shall not be required to receive the first or second dose of measles vaccine.

8:57-4.13 Rubella vaccine

(a) Every child shall have received one dose of live rubella virus vaccine, or any vaccine combination containing live rubella virus vaccine, administered on or after the child's first birthday.

(b) Those children younger than 15 months of age who are enrolled in a preschool or child care center, shall be considered to be in compliance with this section until reaching the age of 15 months, which is the medically recommended age for routine rubella immunization.

(c) Rubella virus vaccine shall not be required of children who present documented laboratory evidence of rubella immunity.

8:57-4.14 Mumps vaccine

(a) Every child shall have received one dose of live mumps virus vaccine, or any vaccine combination containing live mumps virus vaccine, administered on or after the child's first birthday.

(b) Those children younger than 15 months of age who are enrolled in a preschool or child care center shall be considered to be in compliance with this section until reaching the age of 15 months, which is the medically recommended age for routine mumps immunization.

(c) Children enrolled in school, preschool, or child care centers before September 1, 1995 and who previously provided written certification from the diagnosing physician that the pupil had mumps disease shall not be required to receive mumps vaccine.

(d) Children who present documented laboratory evidence of mumps immunity shall not be required to receive mumps vaccine.

8:57-4.15 Haemophilus influenza type b (Hib) conjugate vaccine

(a) Every child from 12 to 59 months of age enrolling in or attending any child care center or preschool facility shall have received at least one dose of a separate or combination Hib conjugate vaccine, on or after the first birthday.

(b) Every child from two months to 11 months of age enrolling in or attending a child care center shall have received a minimum of two age-appropriate doses of a separate or a combination Hib conjugate vaccine, or fewer as appropriate for the child's age.

8:57-4.16 Hepatitis B virus vaccine

(a) Every child born on or after January 1, 1996 shall have received three doses of hepatitis B vaccine, or any vaccine combination containing hepatitis B virus, prior to school entrance for the first time into a Kindergarten, Grade 1, or a comparable age entry level special education program with an unassigned grade.

(b) Children born on or after January 1, 1996, attending or transferring into a New Jersey school from another state or another country, shall have received three doses of hepatitis B vaccine.

(c) Children born on or after January 1, 1996 attending or transferring into a New Jersey school (Kindergarten and Grade 1) for the first time after September 1, 2001, with no documented doses of hepatitis B vaccine, shall receive the first dose before entering school and shall receive a second dose of a hepatitis B containing vaccine, no later than three months after receiving the first dose and shall receive the third dose no later than 12 months following the first dose.

(d) Every child born on or after January 1, 1990 and entering Grade 6, or a comparable age level special education program with an unassigned grade, on or after September 1, 2001 shall have received three doses of hepatitis B vaccine, or any vaccine combination containing hepatitis B virus.

(e) Children born on or after January 1, 1990 and transferring into a New Jersey school at the Grade Six or a higher grade level from another state or country on or after September 1, 2001, shall have received three doses of hepatitis B vaccine.

(f) Children born on or after January 1, 1990, attending or transferring into a New Jersey School from another state or country on or after September 1, 2001 with no documented doses of hepatitis B vaccine, shall receive the first dose before entering school, and shall receive a second dose of hepatitis B containing vaccine no later than three months after receiving the first dose and shall receive the third dose no later than 12 months following the first dose.

(g) Unvaccinated children 11 through 15 years of age who have not begun or completed the hepatitis B vaccine series, and subject to the Grade Six hepatitis B requirement commencing September 1, 2001, can be given two doses of any hepatitis B vaccine licensed and approved for a two dose regimen to satisfy the hepatitis B requirement.

(h) Unvaccinated children 11 through 15 years of age who have not yet begun or completed the hepatitis B vaccine series, and subject to the Grade Six hepatitis B requirement commencing September 1, 2001, and who are eligible to enter, attend, or transfer into a New Jersey school in provisional status following receipt of the first dose of any hepatitis B vaccine licensed for a two dose regimen shall receive the second and final dose to complete that two dose series no later than six months following the first dose.

(i) Children who present documented laboratory evidence of hepatitis B disease or immunity, constituting a medical exemption, shall not be required to receive hepatitis B vaccine.

8:57-4.17 Varicella virus vaccine

(a) Every child born on or after January 1, 1998 shall have received one dose of varicella vaccine, or any vaccine combination containing varicella virus, administered on or after the first

birthday, prior to school entrance for the first time into a Kindergarten, Grade 1, or a comparable age entry level special education program with an unassigned grade.

(b) Every child 19 months of age or older enrolling in or attending a child care center or preschool facility shall have received at least one dose of a varicella containing vaccine administered on or after the first birthday.

(c) Every child born on or after January 1, 1998, attending or transferring into a New Jersey school from another state or country, shall have received one dose of a varicella virus containing vaccine.

(d) Children who present either documented laboratory evidence, a physician's statement, or a parental statement of previous varicella disease, shall not be required to receive varicella vaccine.

8:57-4.18 Providing immunization

(a) A board of education and/or a local board of health may provide, at public expense, the necessary equipment, materials and services for immunizing children with the following immunizing agents, either singly or in combination:

1. Diphtheria toxoid;

2. Pertussis vaccine;

3. Tetanus toxoid;

4. Measles virus vaccine, live, attenuated;

5. Rubella virus vaccine, live;

6. Poliovirus vaccine;

7. Mumps virus vaccine, live;

8. Haemophilus influenzae type B conjugate vaccine;

9. Hepatitis B vaccine;

10. Varicella vaccine;

11. Other immunizing agents when specifically authorized to do so by the Department of Health and Senior Services.

8:57-4.19 Emergency powers of the Commissioner, Department of Health and Senior Services

(a) In the event that the Commissioner, Department of Health and Senior Services or his or her designee determines either that an outbreak or threatened outbreak of disease or other public health immunization emergency exists, the Commissioner or his or her designee may issue either additional immunization requirements to control the outbreak or threat of an outbreak or modify immunization requirements to meet the emergency.

(b) All children failing to meet these additional requirements shall be excluded from a school, preschool, or child care center until the outbreak or threatened outbreak is over.

(c) These requirements or amendments to the requirements shall remain in effect until such time as the Commissioner, Department of Health and Senior Services or his or her designee determines that an outbreak or a threatened outbreak no longer exists or the emergency is declared over, or for three months after the declaration of the emergency, whichever one comes first. The Commissioner, Department of Health and Senior Services or his or her designee may redeclare a state of emergency if the emergency has not ended.

8:57-4.20 Optimal immunization recommendations

The specific vaccines and the number of doses required under this subchapter are intended to establish the minimum vaccine requirements for child care center, preschool, or school entry and attendance in New Jersey. Additional vaccines, vaccine doses, and proper spacing between vaccine doses are recommended by the Department in accordance with the guidelines of the American Academy of Pediatrics (AAP) and Advisory Committee on Immunization Practices (ACIP) for optimal protection and additional vaccines or vaccine doses may be administered, although they are not required for school attendance unless otherwise specified in this subchapter.

SUBCHAPTER 5. CONFINEMENT OF PERSONS WITH TUBERCULOSIS

8:57-5.1 Purpose and scope

(a) The purpose of these rules is to control the spread of tuberculosis, particularly new forms of multiple drug resistant TB (MDR-TB), by maximizing the use of currently available and highly effective treatments.

(b) These rules apply to persons who have active TB disease or who are suspected of having active TB disease by a health care provider or local health officer, as well as those persons identified either as contacts to a person(s) with active or suspected active TB disease or those with TB infection when active TB has not been ruled out.

(c) Local health officers are primarily responsible for implementation of these rules. Physicians and other providers of health care services, including, but not limited to, managed

care organizations, hospital administrators and emergency medical technicians, also have responsibilities under these rules.

(d) Local health officers in areas where the person frequents or receives care may take any action authorized under these rules if the local health officer determines that they are necessary for the health of the person or the public. Such local health officers shall notify the local health officer with primary responsibility, within 72 hours, of any actions taken under these rules.

(e) The guiding principles underlying the implementation of these rules are:

1. To protect the public from the spread of active TB disease; and

2. To treat persons with active TB or suspected TB in the least restrictive environment.

8:57-5.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Acid-fast bacilli (AFB)" means organisms that remain stained after being washed in acid solution, may be detected using a microscope, and are then reported as a positive AFB. TB should be considered a possibility when AFB are present on a stained smear, which indicates the likelihood of infectiousness in a TB patient.

"Active TB" means that:

1. A person has a positive smear for acid-fast bacilli (AFB) or culture identified as Mycobacterium tuberculosis (M.tb) or M.tb complex taken from a pulmonary source such as sputum, bronchioalveolar lavage, gastric aspirate, lung tissue, etc. as well as other tissue of the respiratory tract such as the larynx or epiglottis, and the person has not completed a prescribed course of medication for tuberculosis according to the latest American Thoracic Society (ATS) and Centers For Disease Control and Prevention (CDC) guidelines; or

2. A specimen collected from a non-pulmonary site indicating the likelihood (acid-fast bacilli or granulomas present) or confirmation of tuberculosis disease by culture (M.tb or M.tb complex), and there is clinical evidence or clinical suspicion of pulmonary tuberculosis disease, and the person has not completed an appropriate prescribed course of medication for tuberculosis; or

3. In those cases where smears and/or cultures are unobtainable or are negative, the radiographic and clinical findings as well as epidemiological evidence are sufficient to highly suspect a medical diagnosis of pulmonary tuberculosis for which treatment is recommended.

"Appointment keeping rate" means the number of kept appointments divided by the number of scheduled appointments.

"Clinically suspected active TB" means a condition in which the person presents a substantial likelihood, as determined by a health care provider, of having active tuberculosis that is infectious, based upon epidemiologic evidence, clinical evidence, x-ray readings, or laboratory test results.

"Close contact" means a person, as identified by a health care provider or his or her designee or by an agent of the State or local health department, who shares common living, recreational, working, transportation or other areas with a person with active tuberculosis such that the frequency of exposure and/or proximity of those contacts to the case may cause transmission of tuberculosis.

"Commissioner" means the Commissioner of the Department of Health and Senior Services or his or her designee.

"Compliance" means that a person takes 80 percent or more of his or her prescribed TB medication. The term "compliance" is equivalent to the term "adherence," a term often used by the Centers for Disease Control and Prevention.

"Designated commitment facility or unit" means a health care facility selected by the Commissioner, Department of Health and Senior Services to provide one or more of the following when involuntary commitment is required under these rules: space for involuntary commitment; space and clinical program for involuntary examination and treatment; and/or space and clinical program for commitment and facilities for hearings under this subchapter.

"Directly observed therapy (DOT)" means a methodology for ensuring compliance with medication directions in which a health care provider or trained designee witnesses the person ingesting his or her prescribed medications.

"Health care provider" means a person who is directly involved in the clinical diagnosis of and the prescribing of medication for individuals. These individuals would include physicians, nurses, nurse practitioners, clinical nurse specialists, and/or physicians assistants.

"Health officer order" means an order issued by a local health officer to a person who has ignored a warning notice regarding the need to comply with appropriate medical action as requested by a health care provider.

"Infectious tuberculosis" means the stage of tuberculosis, as determined by laboratory, radiologic, epidemiologic or clinical findings, where mycobacterial organisms are capable of being expelled into the air by a person.

"Latent TB infection" means the presence of tuberculosis germs in the body as detected by a Mantoux skin test but without TB disease.

“Least restrictive alternative” means the intervention that limits the person's activities the least, balanced against the risk to the public and individual persons based on the likelihood that transmission of TB infection could occur.

“Local health officer” means a holder of an active license as a health officer as issued by the New Jersey Department of Health and Senior Services in accordance with applicable laws, or his or her duly authorized representative. Unless otherwise indicated, the local health officer who has primary responsibility under these rules is the local health officer of the jurisdiction in which the patient resides.

“Loss of contact” means that two documented attempts on different days and at different times, by a health care provider or his or her designee or by an agent of the Department of Health and Senior Services or a local health officer or his or her designee, to conduct a face to face meeting with a person failed because the individual was not at his or her last known residence or designated location. In the case of persons with no current address, last known residence refers to a discrete geographic area in a community in which the person was last seen with some degree of regularity.

“Manager, TB Program” means the Manager of the TB Program in the Division of Epidemiology, Environmental, and Occupational Health, New Jersey Department of Health and Senior Services, or his or her designee.

“Medical director” means the physician with clinical responsibility for a designated commitment facility/unit.

“Multiple drug resistant tuberculosis (MDR-TB)” means a form of TB that is resistant to at least Izoniazid and Rifampin as included in the Joint Statement of the American Thoracic Society and the Centers for Disease Control and Prevention: “Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children,” March 1993, as amended and supplemented.

“Restraining order” means an order issued by a local health officer or Superior Court to an individual hospitalized with active or clinically suspected active tuberculosis to prevent the individual from leaving the hospital against medical advise.

“Social resources” means services which allow the person to successfully complete the prescribed course of treatment, including, but not limited to, food, housing, transportation, and communication.

“TB control agency” means a facility or organization that has the designated responsibility for TB control activities, usually covering a set geographic area. This may be a county or local health department, state recognized chest clinic, or other authorized agency.

“Warning notice” means a notice written by a health care provider or health officer informing a person, after several missed appointments or failure of the patient to comply with an acceptable treatment plan, of the public health requirements in the State of New Jersey as they

relate to the evaluation and/or treatment of an active or clinically suspected active TB case, close contact, or individual with latent TB infection.

8:57-5.3 Reportable events

(a) Every health care provider attending any person diagnosed with active tuberculosis disease or clinically suspected active tuberculosis shall report the following events to either the appropriate local health officer(s) or the Manager, TB Program, or his or her designee, Division of Epidemiology, Environmental, and Occupational Health, PO Box 369, Trenton, NJ 08625-0369 as stipulated below:

1. All persons diagnosed with active or clinically suspected active tuberculosis, within 24 hours, in writing, including the information requested on the State TB Case, Suspect and Status Report (TB-70), to the Manager of the TB Program as indicated in (a) above;

2. Refusal or failure to submit to a TB diagnostic examination by persons in the following categories: persons with clinically suspected active tuberculosis, persons who are close contacts to an active or clinically suspected active TB case, or persons with TB infection when active TB has not been ruled out, to the appropriate local health officer;

3. Loss of contact with any person with active or clinically suspected active tuberculosis, via the State reporting form (TB-70), to the Manager of the TB Program as indicated in (a) above; and

4. Persons terminated from a prescribed treatment plan, via the State reporting form (TB-70), to the Manager of the TB Program as indicated in (a) above.

(b) The local health officer shall report, in writing, within 72 hours, the following events to the Manager of the TB Program, Division of Epidemiology, Environmental, and Occupational Health, PO Box 369, Trenton, NJ 08625-0369:

1. A person missing an appointment, as ordered by the local health officer in accordance with N.J.A.C. 8:57-5.5, after the required notifications have failed;

2. A person who has refused or failed to submit to a TB diagnostic examination in the following categories: a person clinically suspected of having tuberculosis, a person who has had close contact to a person with active or clinically suspected active TB, or a person with TB infection when active TB has not been ruled out; and legal action is initiated;

3. Persons discharged from tuberculosis diagnosis or treatment commitment pursuant to medical or court orders;

4. Detention to prevent loss of contact pending court order in accordance with N.J.A.C. 8:57-5.7;

5. Orders issued by the local health officer to commit a person for TB diagnosis or treatment; and

6. Orders issued by the local health officer (or Superior Court) preventing a patient from leaving a hospital against medical advice (restraining order) for treatment of TB.

(c) Reports of events listed in (a) and (b) above shall include, but not be limited to, the person's name, address, or last known location, phone number, date(s) of action(s) taken, and specific circumstances of the reported event, and the health care provider's name, address, and phone number.

(d) A person who has knowledge or reasonable cause to believe that a person has tuberculosis disease shall not be subject to civil, administrative, disciplinary, or criminal liability for reporting in good faith an event pursuant to these rules.

8:57-5.4 Case management and outreach services

(a) The health care provider shall assign a case manager to each person with active tuberculosis or clinically suspected active tuberculosis. The case manager may be the health care provider or his or her designee. The Manager of the TB Program shall approve the case manager for each person with active as well as clinically suspected active TB who receives services in a public health clinic. The case manager shall have the overall responsibility for monitoring and ensuring the person's compliance with his or her treatment plan. The case manager shall also assist the person in obtaining services from appropriate social service agencies.

(b) The case manager shall provide educational services to persons with active tuberculosis. Educational services shall include, but not be limited to, information regarding:

1. How TB is transmitted;

2. How to prevent the spread of TB;

3. How to take medications;

4. The effects of TB if not adequately treated;

5. The importance of completing the prescribed course of treatment;

6. The person's responsibility in curing his or her disease;

7. The legal consequence of noncompliance with the treatment protocol and infection control; and

8. The causes and consequences of MDR-TB.

(c) The Manager of the TB Program shall direct the provision of necessary outreach services. Outreach services may include, but not be limited to, interviewing and educating persons with active and clinically suspected active tuberculosis, and their close contacts. The local health officer shall provide assistance in outreach activities, as requested by the Manager of the TB Program.

(d) If, in the judgement of his or her health care provider, a person with active tuberculosis or clinically suspected active tuberculosis is incapable of understanding in English any communication required by these rules, the health care provider or, at his or her direction, the case manager, shall notify the local health officer who shall arrange for such communication in a language understood by the person. If, within three business days of receipt of such notice, the local health officer documents that an appropriate translation is not available at the local level, he or she shall notify the Manager of the TB Program who shall arrange for such translation. The determination of the Manager of the TB Program as to the appropriate communication shall be final. This provision shall apply only to communications required by these rules and shall not apply to any other communication arising in context of the person's treatment.

8:57-5.5 Diagnostic examinations

(a) Where a health care provider, based on direct observation, or other written clinical and/or laboratory findings, believes that a person has clinically suspected active tuberculosis, the health care provider shall schedule an appointment for a diagnostic examination to be conducted within five business days of such observation.

(b) Persons with clinically suspected active tuberculosis who fail to keep two scheduled appointments shall be informed in writing by their health care provider that:

1. A diagnostic examination is required by law for persons with clinically suspected active TB;

2. Failure to keep two scheduled appointments for such an examination shall result in legal intervention(s) by the local health officer, including involuntary detention, for the purposes of conducting the examination; and

3. Transportation assistance for this examination may be available from the local health officer.

(c) A person with clinically suspected active tuberculosis who does not keep his or her appointment shall be reported to the local health officer who shall make and document at least two additional attempts to schedule an appointment. An attempt to contact is defined as going to the person's primary residence or last known whereabouts to establish a face-to-face contact. Attempts should be made on different days and at different times to maximize the opportunity to obtain a face-to-face contact.

(d) A person with clinically suspected active tuberculosis who has either specifically communicated refusal to submit to a diagnostic examination, or who has missed two additional scheduled appointments for a diagnostic examination by the health officer and who has not had a face-to-face contact with the local health officer after two attempts, shall, consistent with the provisions at N.J.A.C. 8:57-5.7 be subject to the following intervention(s) for the purpose of conducting a diagnostic examination as specified in (d)1 through 4 below. The person shall be advised of his or her rights under N.J.A.C. 8:57- 5.9 before or concurrently with commitment.

1. A warning notice shall be sent to the patient by the local health officer by certified mail, return receipt requested, and/or hand delivered. This notice shall state that the person must schedule an appointment within five business days upon receipt of the notice;

2. Failure to respond to the warning notice will subject the individual to legal intervention by the health officer in the form of a health officer order;

3. Failure to comply with the health officer order will result in a court order issued through the Superior Court of New Jersey; and

4. Violation of the court order will result in involuntary detention/ confinement for the purpose of conducting the appropriate medical evaluation.

(e) Upon receipt of a TB Case, Suspect and Status Report from either the health care provider or the New Jersey Department of Health and Senior Services that the person has active or clinically suspected active tuberculosis, the local health officer or his or her designee shall determine whether there are any close contacts who must be examined for tuberculosis.

1. If a close contact is identified who resides within the health officer's jurisdiction, the local health officer or his or her designee shall notify that individual and shall schedule a diagnostic examination within 10 business days of said notification indicating the time, place, purpose, and mandatory nature of the examination.

2. If a close contact resides outside the local health officer's jurisdiction, the following actions are required:

i. If the close contact resides outside the local health officer's jurisdiction, but within New Jersey, the local health officer or his or her designee shall notify the appropriate local health officer in New Jersey or TB control agency where the contact resides. The notified health officer or agency shall be responsible for notifying the individual and scheduling an appointment for a diagnostic examination as mentioned in (e)1 above. Such notification shall include a copy of the TB-70 form (TB Case, Suspect and Status Report) on the newly reported case or suspected case and a copy of the contact interview form (TB-41) showing the name(s) and address(es) of the contact(s) to be examined. A copy of this notification shall be sent to the Department of Health and Senior Services' TB Program representative with responsibility for that jurisdiction.

ii. If the close contact resides outside of New Jersey, the local health officer or his or her designee shall notify the Manager of the TB Program who shall notify the appropriate state authorities.

iii. The residence of the close contact is defined as the contact's address, last known whereabouts, or a discrete geographic area in a community in which the person was last seen with some degree of regularity.

iv. Notification(s) shall under this paragraph be made in writing within three days of the local health officer's knowledge of the close contact.

3. If the contact does not keep the scheduled appointment, the local health officer or his or her designee shall reschedule the examination within 72 hours of the missed appointment. Notice of the rescheduled appointment shall be made by certified mail, return receipt requested, and by telephone or face- to-face contact whenever possible.

4. If the contact does not keep the rescheduled appointment, the local health officer or his or her designee shall make and document two additional attempts to reschedule an appointment for a diagnostic examination. See (c) above for specific actions required.

5. A contact who has either specifically communicated refusal to submit to a diagnostic examination or has missed two scheduled appointments for a diagnostic examination and has not had a face-to-face contact with the local health officer after two attempts may be subject to the legal intervention(s) listed above in (d)1 through 4 which may include the provisions in N.J.A.C. 8:57-5.7. The contact shall be advised of his/her rights under N.J.A.C. 8:57-5.9 before or concurrently with commitment.

(f) A person who is committed solely for the purpose of a diagnostic examination shall not continue to be committed beyond the reasonable period of time, with the exercise of all due diligence, required to make a medical determination of whether the person has TB disease. In no event shall any person be committed for the purpose of making a diagnosis for more than seven calendar days.

(g) A diagnostic examination for a person with active or clinically suspected active tuberculosis shall consist of at least an appropriate physical examination, a chest x-ray, and a mycobacterial test. A diagnostic examination for a close contact shall consist of at least a Mantoux tuberculin skin test and, if medically appropriate, a chest x-ray. A diagnostic examination for a person with TB infection shall include, at minimum, a chest x-ray.

8:57-5.6 Management of TB; outpatient basis

(a) Where a person is diagnosed with active or clinically suspected active tuberculosis, the health care provider shall immediately develop and implement a prescribed outpatient treatment plan. The person's case manager shall have the responsibility for monitoring and ensuring the person's compliance with his or her treatment plan.

(b) Each outpatient plan shall begin with, at minimum, 10 doses of medication under directly observed therapy (DOT). After 10 doses of medication have been directly observed, the health care provider shall evaluate the person to determine whether he or she is able and willing to follow an unobserved outpatient plan or whether DOT should continue. Persons no longer on DOT shall have their medication monitored by his or her health care provider at least once a week to determine medication compliance, evaluate clinical improvement, and assess the person for any side effects to the medication(s).

(c) If, at any time, the health care provider has reason to believe that an individual is thereafter, either unable or unwilling to follow a prescribed unobserved outpatient treatment plan or if the patient is non-compliant with DOT (less than 80 percent of the medications have been observed ingested), the health care provider shall request the local health officer to initiate legal interventions which may include warnings followed by an order for DOT. Persons on unobserved therapy shall maintain an appointment keeping rate of 80 percent or better as a proxy measure of medication-taking compliance.

(d) Patients on DOT shall be informed by their case manager and health care provider that DOT services will be available at a prescribed time and place. DOT patients shall be informed that they may request a reasonable change in the time and place of their DOT. Changes in time and place shall be made by the case manager based on the patient's needs and the availability of resources.

(e) A health officer's order or court order for DOT may be rescinded based upon the recommendation of the health care provider. The local health officer shall base his or her decision to rescind DOT upon review of the patient's medical record, and if deemed necessary by the local health officer, independent review by another health care provider.

8:57-5.7 Grounds for commitment

(a) In accordance with N.J.S.A. 30:9-57, the Commissioner, Department of Health and Senior Services, or his or her designee, or local health officer in consultation with the Manager of the TB Program and/or the State Epidemiologist, may make application in the Superior Court of New Jersey for an Order of Commitment in those instances where:

1. A person in any of the following categories has clearly expressed refusal to comply, or has failed to comply, with the diagnostic examination requirements as set forth at N.J.A.C. 8:57-5.5: a person with clinically active tuberculosis, a person who is a close contact to either an active or clinically suspected active tuberculosis case, or a person with TB infection and active TB has not been ruled out;

2. A person with active or clinically suspected active tuberculosis has not complied with an order for DOT. Compliance is defined as taking 80 percent of the prescribed medication;

3. A person with active or clinically suspected active TB is unable or unwilling to comply with a prescribed treatment regimen and/or infection control requirements;

4. A person with infectious MDR-TB is unable or unwilling to comply with infection control requirements; or

5. The Commissioner, or his or her designee, has determined that the public health, or the health of any other person, is endangered by an active or clinically suspected active case of TB.

(b) Persons sought to be committed under this section shall be advised of these reasons for the proposed commitment and shall be granted an opportunity for a hearing, as set forth at N.J.A.C. 8:57-5.8 and 5.9.

8:57-5.8 Hearing process

(a) A person deemed committable pursuant to the criteria set forth in N.J.A.C. 8:57-5.7 may, upon receiving proper notice and hearing, be committed to a hospital or institution which has been designated by the Commissioner, Department of Health and Senior Services, or his or her designee, for the care and custody of persons with active or clinically suspected active tuberculosis or persons identified as close contacts.

(b) In accordance with N.J.S.A. 30:9-57, the person to be committed shall, prior to commitment, be offered a hearing in the Superior Court. A copy of the applicable rule(s), the reasons for the proposed commitment, and notice of the time and place of the hearing shall be served upon the person to be committed at least two days prior to the hearing. Commitment may occur upon a showing by the Commissioner, or his or her designee, or the local health officer, that the person to be committed meets one or more of the criteria set forth at N.J.A.C. 8:57-5.7.

(c) In those instances where a physician has made a diagnosis of active tuberculosis or a preliminary diagnosis of clinically suspected active tuberculosis, as defined at N.J.A.C. 8:57-5.2, and the Commissioner, or his or her designee, or the local health officer has reason to believe that the person poses a risk of flight, that person may be temporarily detained pending an expedited commitment hearing in the Superior Court. Risk of flight means that there is reason to believe that the person would not appear at a scheduled commitment hearing.

(d) In no event shall any person be committed for more than 90 days from the date of the original order without further court review being sought by the Commissioner, or his or her designee, or the local health officer. The Commissioner, or his or her designee, or the local health officer, shall seek further court review within 90 days of each subsequent court order.

8:57-5.9 Due process

(a) At any hearing conducted pursuant to this subchapter, a person shall have the following due process rights:

1. Written notice detailing the grounds and underlying facts of the matter;

2. The right to have counsel present at the hearing and, if indigent, the right to appointed counsel; and

3. The right to be present at a court hearing, to cross examine, and to present witnesses, which rights may be exercised through telecommunication technology.

8:57-5.10 Discharge plan

(a) When the medical director of the commitment facility, or his or her designee, has determined that a person no longer poses a reasonable risk of transmitting tuberculosis and that the person is able and willing to comply with his or her discharge plan, defined below, the medical director of the commitment facility or unit(s), or his or her designee, shall, within 24 hours, request the local health officer or the court who issued the commitment order to terminate the order. This request shall include a copy of the discharge plan. The determination that a person no longer poses a reasonable risk of transmitting tuberculosis shall be based on the following factors:

1. Three consecutive negative bacteriological smears taken at medically appropriate intervals; and

2. Significant reduction of symptoms.

(b) The discharge plan shall contain, at a minimum:

1. The name and confirmed address of the individual committed;

2. A detailed description of the prescribed case management plans;

3. A description of the person's living situation, including, but not limited to, source of support, persons living in the same household, next of kin, and arrangements with community organizations;

4. The name and address of a health care provider(s) who will provide necessary care, including, but not limited to, assignment of a case manager, clinical case management, DOT and other services necessary to implement the prescribed treatment plan; and

5. The date and time of at least one scheduled appointment with the health care provider(s).

(c) The local health officer, in consultation with the Manager of the TB Program and/or the State Epidemiologist, shall review the discharge plan within three business days of receiving a copy of same, taking into consideration the language of the order of the commitment, the principle of least restrictive alternatives, and the medical and social resources available to the person. If the local health officer, Manager of the TB Program and/or State Epidemiologist disagrees with the terms of the discharge plan, he or she shall so notify the medical director of

the commitment facility, in writing, including the reasons for disagreement with the discharge plan, no later than three business days after receipt.

(d) The local health officer shall keep the discharge plan on file for five years.

8:57-5.11 Commitment facilities

(a) The Commissioner, or his or her designee, shall designate sufficient facilities or commitment units of facilities.

(b) Individuals ordered committed by Superior Court must be confined to a facility or unit of a facility designated by the Commissioner or his or her designee.

8:57-5.12 Procedures for commitment by local health officers

(a) The local health officer may request assistance from the local police department(s), in accordance with N.J.S.A. 26:1A-9 (Health and Vital Statistics), if the local health officer determines that there is a reasonable likelihood that a person will attempt to avoid commitment or detention.

(b) If assistance is requested, the local health officer shall provide the police with the order under which commitment or detention, as the case may be, is authorized. The local health officer may seek assistance of the police before providing a copy of the order.

(c) If assistance is requested, the local health officer shall provide the police department with the name, address or last known location, and description of the physical characteristics of the person.

(d) The local health officer shall make all reasonable attempts to develop, in consultation with the local police department, a protocol for police assistance which includes the types of assistance which may be requested of the local police department and guidance on appropriate situations for use of emergency medical service personnel.

8:57-5.13 Annual report

The Manager of the TB Program shall submit to the Commissioner an annual report describing trends in prevalence and incidence of TB and MDR-TB in New Jersey. The report shall also include descriptive statistics showing the frequency and trends of those reportable events set forth at N.J.A.C. 8:57- 3. The first report shall be issued 12 months after the effective date of these rules and subsequent reports shall be due annually thereafter.

8:57-5.14 Confidentiality of records

(a) Patient medical information or information concerning reportable events pursuant to any section of this subchapter shall not be disclosed except under the following circumstances:

1. For research purposes, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element;

2. With written consent of the person identified;

3. When the Commissioner, or his or her designee, determines that such disclosure is necessary to enforce public health laws or to protect the life or health of a named party, in accordance with applicable State and Federal laws; or

4. Pursuant to a valid court order.

(b) Violation of (a) above may result in penalties as provided for at N.J.A.C. 8:57-5.16.

8:57-5.15 Mandatory exclusion from workplace or school

(a) Pursuant to N.J.S.A. 26:4-2, the local health officer may order that a person with known or clinically suspected active tuberculosis be excluded from attending his or her place of work or school, or be excluded from other premises where the local health officer determines, after a review of the facts and circumstances of the particular case, that such an action is necessary to protect the public health.

(b) If a person excluded from a work place or school, pursuant to N.J.S.A. 26:4-2, requests a review of the order, the local health officer shall make an application for a court order authorizing such exclusion within five business days after such request. After any such request, exclusion shall not continue more than 10 business days without a court order. In no case shall a person be excluded from a workplace, school, or other premises for more than 60 days without a court order authorizing such exclusion. The local health officer shall seek further court review of such exclusion within 90 days of the original court order or each subsequent court order.

(c) In any court proceeding under (b) above, the local health officer shall prove each required element for such exclusion by clear and convincing evidence.

(d) The elements for an order for exclusion issued by a local health officer under this section are:

1. Documentation of medical evidence indicating the presence of known or clinically suspected active tuberculosis and an assessment of the person's medical condition;

2. An individualized assessment of the person's circumstances and/or behavior constituting the basis for the issuance of the order; and

3. The less restrictive alternatives that were attempted and/or the less restrictive alternatives that were considered and rejected, and the reasons such alternatives were rejected.

(e) The local health officer shall rescind the order for exclusion upon documentation by a health care provider that the patient had three negative bacteriological smears at clinically appropriate intervals and a significant reduction of clinical symptoms. The local health officer may seek independent review by another health care provider if he or she has reason to doubt the primary health care provider's determination.

8:57-5.16 Penalties for violation of rules

Any person who fails to adhere to any provision of this subchapter shall be subject to a fine of $50.00 each day for the first offense and $100.00 each day for the second and any subsequent offenses. All violations by health care providers shall be reported to the appropriate professional licensing authorities and public financing programs.

SUBCHAPTER 6. HIGHER EDUCATION IMMUNIZATION

8:57-6.1 Applicability

(a) This subchapter shall apply to all new or continuing full- and part-time undergraduate and graduate students enrolled in a program of study leading to an academic degree at any public or independent institution of higher education in New Jersey.

(b) Two-year institutions shall apply these rules only to those students entering the college for the first time and registering for 12 or more credit hours of course study per semester/term.

(c) Four-year institutions shall apply the rules to all full- or part-time students enrolled in a program leading to an academic degree.

(d) Two year institutions and Thomas Edison State College shall not be required to apply the meningococcal rule at N.J.A.C. 8:57-6.6.

8:57-6.2 Exemptions

(a) A student shall be exempt from immunization requirements for medical or religious reasons, provided that he or she meets the criteria as set forth at N.J.A.C. 8:57-6.10 and 6.11, respectively.

(b) In addition, an exemption may be made, at the discretion of the institution, for the following categories of students:

1. Students born before 1957;

2. Students enrolled in a program for which students do not congregate, on campus, whether for classes or to participate in institution-sponsored events, such as those enrolled in programs for individualized home study or conducted entirely via electronic media.

(c) Nothing in this subchapter shall be construed as limiting the authority of a New Jersey institution of higher education to establish additional requirements for student immunizations and documentation that such institution shall determine appropriate and which is recommended by the Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service.

8:57-6.3 Required immunization; measles

(a) Each student entering college for the first time after September 1, 1995 shall have received two doses of a live measles-containing vaccine, or any vaccine combination containing live measles vaccine, that was administered after 1968. The first dose shall have been administered on or after the student's first birthday and the second dose shall have been administered no less than one month after the first dose.

(b) A student vaccinated with a killed measles-containing vaccine, or an unknown vaccine prior to 1968, shall be revaccinated or produce laboratory proof of measles immunity.

(c) A student who presents documented laboratory evidence of measles immunity shall not be required to receive measles vaccine.

8:57-6.4 Required immunization; mumps

(a) Each student entering college for the first time after September 1, 1995 shall have received one dose of live mumps virus vaccine, or any vaccine combination containing live mumps virus vaccine. The vaccine shall have been administered on or after the student's first birthday.

(b) A student who presents documented laboratory evidence of mumps immunity shall not be required to receive mumps vaccine.

8:57-6.5 Required immunization; rubella

(a) Each student entering college for the first time after September 1, 1995 shall have received one dose of live rubella virus vaccine, or any vaccine combination containing live rubella virus vaccine. The vaccine shall have been administered on or after the student's first birthday.

(b) A student who presents documented laboratory evidence of rubella immunity shall not be required to receive rubella vaccine.

8:57-6.6 Required information: meningococcal disease and meningococcal vaccine

(a) Each new student entering any New Jersey four year college or university after September 1, 2001, and prior to matriculation, shall be provided information on meningococcal disease to, at a minimum, include its nature and severity, causes, disease prevention and treatments, and the availability of a meningococcal vaccine to prevent disease.

(b) Each student shall receive a response form, or a similar form, from the college which documents the receipt of the meningococcal information and their response to the information provided.

(c) Each student not returning the meningococcal response form shall not be subject to the provisional admission requirements set forth at N.J.A.C. 8:57-6.8(b) and (c).

8:57-6.7 Institutional responsibility for enforcement

(a) All New Jersey institutions of higher education shall require evidence of immunization as a prerequisite to enrollment of all students except those who meet the exemption requirements set forth at N.J.A.C. 8:57-6.2(b), N.J.A.C. 8:57-6.10 and N.J.A.C. 8:57-6.11, or those students enrolled in two-year institutions who are registered for fewer than 12 credit hours per semester/term.

(b) All New Jersey institutions of higher education shall identify to the Department of Health and Senior Services an institutional official responsible for the administration and enforcement of this subchapter and for the maintenance of immunization records.

(c) All New Jersey institutions of higher education shall enforce student compliance with this subchapter within 60 days of enrollment.

8:57-6.8 Provisional admission

(a) A student may be registered in an institution of higher education on a provisional basis for his or her first term if the required immunization documentation is not available at the time of registration.

(b) Prior to registration for the second term, a student shall either present documentation of immunization or proof of immunity in accordance with the requirements of this subchapter or be reimmunized.

(c) A student in provisional status may be temporarily excluded from classes and from participation in institution-sponsored activities during a vaccine- preventable disease outbreak or threatened outbreak. This decision shall be made by the institution in consultation with the Commissioner, Department of Health and Senior Services or his or her designee. This exclusion shall continue until the outbreak is over or until proof of the student's immunization or immunity is furnished.

8:57-6.9 Documents accepted as evidence of immunization

(a) The following documents shall be accepted as evidence of a student's immunization history provided that the type of immunization and the date when each immunization was administered is listed:

1. An official school immunization record or copy thereof from any primary or secondary school indicating compliance with the immunization requirements set forth at N.J.A.C. 8:57-6.3, 6.4, and 6.5; or

2. A record from any public health department indicating compliance with the immunization requirements set forth at N.J.A.C. 8:57-6.3, 6.4, and 6.5; or

3. A record or an official college affidavit form signed by a physician licensed to practice medicine or osteopathy in any jurisdiction of the United States or in any foreign country, or any other licensed health professional approved by the Department of Health and Senior Services, which indicated compliance with the immunization requirements set forth at N.J.A.C. 8:57- 6.3, 6.4, and 6.5.

8:57-6.10 Medical exemptions

(a) A student shall not be required to have any specific immunizations(s) which are medically contraindicated.

(b) A written statement submitted to the institution from a physician licensed to practice medicine or osteopathy in any jurisdiction of the United States, or in any foreign country, indicating that an immunization is medically contraindicated for a specific period of time, and setting forth the reason(s) for the medical contraindication, based upon valid medical reasons as enumerated by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service, shall exempt a student from the specific immunization requirements for the stated period of time.

1. The guidelines identified in (b) above are available from the Advisory Committee on Immunization Practices, U.S. Public Health Service, Centers for Disease Control and Prevention, Atlanta, GA 30333.

(c) The physician's statement shall be retained as part of the student's immunization record and shall be reviewed annually by the institution to determine whether the exemption shall remain in effect for the next year. When the student's medical condition permits immunization, this exemption shall thereupon terminate and the student shall be required to obtain the immunization(s) from which he or she has been exempted.

(d) A student with medical exemptions to receiving specific immunizations may be temporarily excluded from classes and from participating in institution- sponsored activities during a vaccine-preventable disease outbreak or threatened outbreak. This decision shall be made by the institution in consultation with the Commissioner, Department of Health and Senior Services or his or her designee. This exclusion shall continue until the outbreak is over or until proof of the student's immunization or immunity is furnished.

8:57-6.11 Religious exemptions

(a) A student shall be exempted from mandatory immunization if the student objects thereto in a written statement submitted to the institution, signed by the student, explaining how the administration of immunizing agents conflicts with the student's religious beliefs.

(b) This statement shall be kept by the institution as part of the student's immunization record.

(c) A student with a religious exemption from receiving immunizing agents may be temporarily excluded from classes and from participating in institution- sponsored activities during a vaccine-preventable disease outbreak or threatened outbreak. This decision shall be made by the institution in consultation with the Commissioner, Department of Health and Senior Services or his or her designee. This exclusion shall continue until the outbreak is over.

8:57-6.12 Institutional records required

(a) All New Jersey institutions of higher education shall maintain records of immunizations on each student in a format either specified or approved by the Department. Each record shall indicate the date of each required immunization, laboratory evidence of immunity, or, where applicable, the requisite documents, as required pursuant to N.J.A.C. 8:57-6.10 or 6.11 pertaining to any medical or religious exemptions.

(b) All New Jersey institutions of higher education shall maintain immunization record forms in a manner which allows accessibility to health officials, yet insures the confidentiality of the student's other records. Student immunization histories may be entered into an institution's secure electronic database.

(c) All four year institutions of higher education shall also collect and maintain documentation of the meningitis information/education, meningococcal vaccination, and the response of each new student in a format either specified or approved by the Department of Health and Senior Services.

(d) All New Jersey institutions of higher education shall, upon request of a student who is transferring to another institution, send the student's original record of immunization, or an authenticated copy thereof, or electronically print out an authenticated copy of the student's immunization history in the same manner as a college transcript, with any attached statements, to the other institution.

(e) All New Jersey institutions of higher education shall, upon request, release to a student his or her immunization records or an authentic electronic printout of that record. Request for such records shall be honored for three years following a student's graduation, termination, transfer, or departure from the institution.

8:57-6.13 Reports to be submitted to the Department of Health and Senior Services

(a) A report of the immunization status of students in every institution shall be sent each year to the Department of Health and Senior Services. This report shall be submitted by the official designated pursuant to N.J.A.C. 8:57- 6.7(b) to be responsible for the administration and enforcement of this subchapter and for the maintenance of immunization records.

(b) The form for the annual immunization status report shall be provided by the Department of Health and Senior Services.

(c) The report shall document the total number of students who are specifically covered by this subchapter, the number of students who are vaccinated, the number of students with medical exemptions, the number of students with religious exemptions, and the number of students not receiving required immunizations.

(d) The report shall be submitted by December 1 of the academic year beginning in September of the same year after the review of all appropriate immunization records.

(e) Each four year institution of higher education shall also submit an annual meningococcal report provided by the Department of Health and Senior Services by December 1, for each academic year which begins in September of the same year.

(f) The annual meningococcal report from each four year institution shall document, at a minimum, the total number of new students, the number of new students' responses received, and the number of new students vaccinated.

8:57-6.14 Records available for inspection

All institutions shall maintain centralized records of their students' immunization status. Upon 24 hours notice, those records shall be made available for inspection by authorized representatives of the Department of Health and Senior Services or the local board of health in whose jurisdiction the institution of higher education is located.

8:57-6.15 Providing immunization

Each institution may administer the vaccines required by, or referred to within, this subchapter for these students who are unable to obtain vaccine documentation or obtain the measles, mumps, rubella, or meningococcal vaccines from their own health providers.

8:57-6.16 Reporting requirements

Each New Jersey institution of higher education shall report the suspected presence of any reportable communicable disease, as identified at N.J.A.C. 8:57-1.3 and N.J.A.C. 8:57-1.4, to the local health officer having jurisdiction over the locality in which such institution is located.

8:57-6.17 Modifications in the event of an outbreak

In the event of an outbreak or threatened outbreak, the Commissioner, Department of Health and Senior Services, his or her designee, or local health officers may modify the immunization requirements as set forth in this subchapter to meet the emergency. These modifications may include obtaining immunization documentation or requiring specific immunizations for each student not covered by this subchapter. Each student failing to meet these additional requirements may be temporarily excluded from classes and from participating in institution-sponsored activities. This exclusion shall continue until the outbreak is over or until proof of the student's immunization or immunity is furnished.

SUBCHAPTER 7. STUDENT HEALTH INSURANCE COVERAGE

8:57-7.1 Purpose and scope

(a) This subchapter is promulgated pursuant to the provisions of N.J.S.A. 18A:62-15, and shall assure that each full-time student attending a public or private institution of higher education in New Jersey obtains and maintains health insurance coverage.

(b) This subchapter shall neither limit the scope of, nor specify the types of, insurance contract benefits necessary to comply with N.J.S.A. 18A:62-15, except those which are specified at N.J.A.C. 8:57-7.2.

8:57-7.2 Coverage

(a) Every person enrolled as a full-time student at a public or private institution of higher education in this State shall maintain health insurance coverage which provides, at a minimum, basic hospital benefits.

(b) The insurance coverage specified at (a) above shall be maintained throughout the period of the student's enrollment as a full-time student.

8:57-7.3 Documentation of coverage

(a) Every student enrolled as a full-time student shall present evidence of the health insurance coverage required at N.J.A.C. 8:57-7.2 to the institution of higher education on an annual basis.

(b) The form of documentation required shall be in a manner prescribed by the institution of higher education.

8:57-7.4 Availability of coverage

(a) All public and private institutions of higher education in this State shall arrange for health insurance coverage on a group or individual basis for purchase by students who are required to maintain coverage pursuant to N.J.A.C. 8:57-7.2.

(b) All public and private institutions of higher education in this State required to arrange for coverage pursuant to this subchapter shall be required to maintain evidence of compliance with (a) above.

8:57-7.5 Inspection of records

(a) Records or other such evidence of compliance required by this subchapter shall be made available for inspection by representatives of the New Jersey Department of Health and Senior Services upon request.

SUBCHAPTER 8. CHILDHOOD IMMUNIZATION INSURANCE COVERAGE

8:57-8.1 Purpose and scope

(a) The purpose of this subchapter is to set forth the standards by which carriers shall provide benefits or services for immunizations, to increase access to childhood vaccines and to improve New Jersey's immunization coverage rate among preschool and school-age children.

(b) This subchapter shall apply to every carrier delivering, issuing for delivery or renewing health benefits plans in this State which health benefits plans are not otherwise subject to N.J.S.A. 17B:27A-2 et seq. (the Individual Health Coverage Program) or N.J.S.A. 17B:27A-17 et seq. (the Small Employer Health Benefits Program).

8:57-8.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Advisory Committee on Immunization Practices" or "ACIP" means an advisory committee to the Centers for Disease Control and Prevention (CDC) that is made up of technical experts needed to advise the CDC on determining national immunization schedules and recommendations.

"Carrier" means a hospital service corporation (N.J.S.A. 17:48-1 et seq.), a health service corporation (N.J.S.A. 17:48E-1 et seq.), an insurer authorized to transact a health insurance business pursuant to Title 17B of the New Jersey Statutes, and a health insurance maintenance organization (N.J.S.A. 26:2J-1 et seq.).

"Centers for Disease Control and Prevention" or "CDC" means the Federal agency which is the lead agency in the nation for disease prevention and control, located in Atlanta, Georgia.

"Commissioner" means the Commissioner of the New Jersey Department of Health and Senior Services.

"Deductible" means the amount of covered charges that are paid by the insured before his or her policy pays any benefits for such charges.

"DTP" means a combined vaccine which includes toxoids and antigens to prevent diphtheria, tetanus and pertussis diseases.

"DTaP" means a combined vaccine which includes toxoids and antigens to prevent diphtheria, tetanus and a more purified antigenic component of the Bordetalla pertussis (acellular pertussis) to prevent pertussis disease, and which may also reduce the likelihood of an adverse vaccine reaction.

"Health benefits plan" means any policy or contract delivered, issued for delivery or renewed in this State by a carrier that covers hospital or medical services or provides benefits for hospital or medical expenses.

"Hepatitis B immune globulin" or "HBIG" means hepatitis B immune globulin which is a short acting biological substance given only to individuals known to have been recently exposed to hepatitis B disease.

"Hepatitis B surface antigen" or "HBsAG" means a protein or carbohydrate substance which is present on the surface of the hepatitis B virus, and which stimulates the production of antibodies when introduced into the body.

"Hepatitis B virus vaccine" or "HBV" means a vaccine containing antigens to prevent hepatitis B virus disease.

"Immunization" means the immunizing agent itself, as well as the process and procedures associated with immunizing persons to prevent disease.

"Immunobiologics" means antigenic substances, such as vaccines or toxoids, or antibody-containing preparations, such as globulins and antitoxins, from human or animal donors. These products are used for active or passive immunization. The following are examples of immunobiologics: vaccine, toxoid, immune globulin (IG), intravenous immune globulin (IGIV), specific immune globulin, and antitoxin.

"Influenza vaccine" means vaccines that are produced annually to prevent disease from the most prevalent strains of influenza virus circulating in the world or country.

"Medical contraindication" means a condition in a recipient which is likely to result in a life-threatening problem if the vaccine were given.

"Morbidity and Mortality Weekly Report" or "MMWR" means a weekly publication issued by the United States Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333.

"Outbreak" means more than the normally expected number of cases of a disease occurring in a circumscribed location over a specified time period, normally days or weeks.

"Pneumococcal vaccine" means a vaccine which contains antigens to prevent the occurrence of pneumonia in certain high risk populations.

"Post-exposure prophylactic doses" means prescribed amounts of vaccines and/or other medications which are administered to an individual who was, or who has a strong likelihood of having been exposed to a preventable disease.

"Td" means a combination vaccine which includes toxoids to prevent diphtheria and tetanus diseases only. It is normally recommended for older children and adults.

"Vaccines" means those immunizing agents composed of antigenic substances such as a vaccine or toxoid, or an antibody-containing preparation such as globulin when used to actively or passively immunize a person to prevent disease.

8:57-8.3 Immunizations that must be covered

(a) A carrier shall provide benefits or services covering the expenses of immunizations for children as set forth in (b) below, including the costs of immunobiologics and administration of the immunizations, except that nothing in this subsection shall be construed to require a carrier to exceed its negotiated fee or the usual and customary fee for services rendered in the administration of an immunization.

(b) A carrier shall provide services or benefits for:

1. Immunizations which are specified in the "Recommended Childhood Immunization Schedule" published by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention in the Morbidity and Mortality Weekly Report, as amended from time to time, which can be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, telephone (202) 512-1800; and

2. All routine childhood vaccines as specified in the "Recommended Childhood Immunization Schedule":

i. In single or combined form;

ii. Pediatric diphtheria tetanus toxoid (DT) when a medical contraindication to DTP or DTaP exists;

iii. Single antigen measles or rubella vaccine, or measles and rubella (MR) vaccine when medically indicated or recommended;

iv. Hepatitis B immune globulin (HBIG) given concurrently with hepatitis B vaccine when medically indicated for newborns of mothers with HBsAG positive status, or unknown HBsAG status, or other close family contacts as determined by known risk factors; and

v. Influenza, hepatitis A, pneumococcal, or other vaccines as recommended by the CDC for high risk children.

3. Such immunizations as are recommended or mandated, as the case may be, including post-exposure prophylactic doses, in the event that the Commissioner, or his or her designee, declares that an outbreak of a communicable disease exists or is threatened for which an immunization or program of immunizations is available.

(c) Carriers shall provide benefits or services for immunizations to be the same extent as for other medical conditions under the health benefits plan, except that no carrier shall require satisfaction of any deductible, in whole or in part, prior to the provision of benefits or services for immunizations to covered children. A carrier may require payment of a co-payment to the extent that the co-payment shall not exceed the co-payment for other similar services, except that no co-payment shall apply to a Medicaid enrolled child participating in either Plan A, Plan B, Plan C, or Plan D of the New Jersey Medicaid or New Jersey KidCare Programs.

(d) Carriers shall not deny benefits or services for immunizations provided to a covered child at an age that is later than that set forth in the "Recommended Childhood Immunization Schedule" if the immunization is otherwise necessary to complete the schedule of immunizations for that child as specified in the "Recommended Childhood Immunization Schedule."

(e) Carriers shall provide benefits or services for doses which have to be repeated because previous doses received by a covered child are considered invalid by the DHSS due to administration before the medically recommended time, or due to administration prior to the recommended time interval between immunizations.

8:57-8.4 Penalties

(a) Carriers authorized to transact an insurance business in this State pursuant to Title 17 or Title 17B of the New Jersey Statutes that fail to comply with this subchapter shall be subject to penalties or fines available under those statutes, as specified by the Commissioner of Banking and Insurance.

(b) Carriers authorized to transact business in this State pursuant to N.J.S.A. 26:2J-1 et seq. that fail to comply with this subchapter shall be subject to penalties or fines available under N.J.S.A. 26:2J-1 et seq., or as are otherwise available under the laws of this State.